RECEIVED

Fill in this information to identify your case:						
Debtor 1	Parnell First Name	Middle Name	Colvin Last Name			
Debtor 2						
(Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: District of Nevada						
Case number	21-12012-a	bl				

AND FILED

2021 MAY 19 PM 1 50

U.S. BANKRUPTAY GOURT MARY A. SCHOTT, CLERK

> ☐ Check if this is an amended filing

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file

your original forms, you must fill out a new Summary and check the box at the top of this page.		
Part 1: Summarize Your Assets		
	Your assets Value of what you ow	n
Schedule A/B: Property (Official Form 106A/B)     1a. Copy line 55, Total real estate, from Schedule A/B	\$0.	00
1b. Copy line 62, Total personal property, from Schedule A/B	\$0.	00
1c. Copy line 63, Total of all property on Schedule A/B	\$0.	00
Part 2: Summarize Your Liabilities		
	Your liabilities Amount you owe	
<ol> <li>Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)</li> <li>Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D</li> </ol>	\$0.	00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.	00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$0.	00
Your total liabilities	\$0.	00
Part 3: Summarize Your Income and Expenses		:
4. Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I	\$0.	00
Schedule J: Your Expenses (Official Form 106J)     Copy your monthly expenses from line 22c of Schedule J	\$0.	00
· •		

Del	btor 1	Parnell		(	Colvin	Case	e number (# kn	<sub>oown)</sub> 21-12012-a	bl	
		First Name	Middle Name	Last Name						
		l	Otions	for Administrative	and Statistical	Pacarde				
Ρέ	art 4:	Answer Ine	se Questions	TOF Administrative	e and Statistical	Necolus				
6.	Are y	ou filing for bar	nkruptcy under (	Chapters 7, 11, or 13	?					ormanium.
	☐ No		ning to report on t	his part of the form. C	heck this box and su	bmit this for	m to the co	urt with your other	schedules.	The second secon
7.	What	kind of debt do	you have?	antonia in talia anta anta anta anta anta anta anta an	(1988) - A CONTROL (1985) - A TOTAL (1985) - A CONTROL (1985) - A CONT	en marine kennusi u Auto moruma kuma				s analyse
	Y fa	our debts are p mily, or househo	rimarily consum old purpose." 11 l	er debts. Consumer of J.S.C. § 101(8). Fill ou	debts are those "incu it lines 8-9g for statis	irred by an i	ndividual pr es. 28 U.S.	rimarily for a persor C. § 159.	nal,	- In the second
			ot primarily con urt with your othe	<b>sumer debts</b> . You ha r schedules.	ve nothing to report	on this part o	of the form.	Check this box an	d submit	
8.	<b>From</b> Form	the Statement 122A-1 Line 11	of Your Current OR, Form 122B	Monthly Income: Co Line 11; OR, Form 12	py your total current 22C-1 Line 14.	monthly inc	ome from C	Official	\$1,60	0.00
9.	Copy	the following s	pecial categorie	s of claims from Par	t 4, line 6 of Sched	ule E/F:	Total c	slaim		
	Fro	m Part 4 on Sci	hedule E/F, copy	the following:						
	9a. D	omestic support	obligations (Cop	y line 6a.)			\$	5,000.00		
	9b. Ta	axes and certain	other debts you	owe the government.	(Copy line 6b.)		\$	30.00		
	9c. C	laims for death o	or personal injury	while you were intoxic	cated. (Copy line 6c.	)	\$	0.00		
	9d. S	tudent loans. (C	opy line 6f.)				\$	0.00		
	9e. O	obligations arising riority claims. (C	g out of a separa opy line 6g.)	ion agreement or dive	orce that you did not	report as	\$	0.00		
	9f. D	ebts to pension	or profit-sharing p	plans, and other simila	ar debts. (Copy line 6	ih.)	+ \$	0.00	1	
	9g. <b>T</b>	otal. Add lines 9	a through 9f.				\$	35,000.00		

Fill in this information to identify your case and this	s filing:		
Parnell	Colvin		
Debtor 1 First Name Middle Name	Last Name		
Debtor 2 (Spouse, if filing) First Name Middle Name	Last Name		
United States Bankruptcy Court for the: District of Nevada	T		
Case number 21-12012-abl			
Case number			Check if this is an
			amended filing
Official Form 106A/B			
Schedule A/B: Propert	v		12/15
In each category, separately list and describe item category where you think it fits best. Be as complete responsible for supplying correct information. If my write your name and case number (if known). Answer	s. List an asset only once. If an asset fits in more of the and accurate as possible. If two married people ore space is needed, attach a separate sheet to thi	e are filing together, bot	th are equally
Part 1: Describe Each Residence, Building,	Land, or Other Real Estate You Own or Hav	e an Interest In	
Do you own or have any legal or equitable interes	st in any residence, building, land, or similar propo	erty?	
No. Go to Part 2.			
Yes. Where is the property?	What is the property? Check all that apply.		
	Single-family home	Do not deduct secured cla the amount of any secure	d claims on Schedule D:
1.1. Street address, if available, or other description	Duplex or multi-unit building	Creditors Who Have Clain	ns Secured by Property.
Street address, if available, or other description	Condominium or cooperative	Current value of the	Current value of the
·	☐ Manufactured or mobile home - ☐ Land	entire property?	portion you own?
	☐ Investment property	\$	<b>D</b>
City State ZIP Code	- Timeshare	Describe the nature of interest (such as fee	of your ownership
City State 21 State	☐ Other	the entireties, or a life	
	Who has an interest in the property? Check one.		
	Debtor 1 only		
County	Debtor 2 only Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
	At least one of the debtors and another	(see instructions)	
	Other information you wish to add about this it	em, such as local	
If you own or have more than one, list here:	property identification number:		
if you own or have more than one, not here.	What is the property? Check all that apply.	Do not deduct secured cla	sime or exemptions. Put
	☐ Single-family home	the amount of any secure Creditors Who Have Clair	d claims on Schedule D:
1.2. Street address, if available, or other description	Duplex or multi-unit building		
	☐ Condominium or cooperative☐ Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
·	Land	\$	\$
	☐ Investment property	- 4 4	
City State ZIP Code	Timeshare	Describe the nature of interest (such as fee	
	Other	the entireties, or a life	e estate), if known.
	Who has an interest in the property? Check one.  Debtor 1 only		
	Debtor 1 only Debtor 2 only		
County	Debtor 1 and Debtor 2 only	☐ Check if this is co	mmunity property
	At least one of the debtors and another	(see instructions)	·
	Other information you wish to add about this ite property identification number:	m, such as local	

## Case 21-12012-abl Doc 19 Entered 05/20/21 09:40:16 Page 4 of 56

otor 1	Parnell		Colvin Case number (# &	<sub>nown)</sub> 21-12012-abl	
	First Name Middle Name	Last Name			
3.3. I	Make:		Who has an interest in the property? Check one.	Do not deduct secured cla	
	Model:		Debtor 1 only	the amount of any secured Creditors Who Have Clain	
	•		Debtor 2 only	and the second second second	
	Year:		Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of th portion you own?
,	Approximate mileage:		☐ At least one of the debtors and another		<b>,</b>
(	Other information:			\$	\$
			☐ Check if this is community property (see instructions)	T	·
3.4. I	Make:		Who has an interest in the property? Check one.	Do not deduct secured cla	ims or exemptions. Put
···		1,1111	Debtor 1 only	the amount of any secured Creditors Who Have Clain	
	Model:	<del></del>	Debtor 2 only	and the second second second second	
,	Year:		Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of th portion you own?
,	Approximate mileage:	****	At least one of the debtors and another	citate property.	portion you own.
,	Other information:			¢	\$
			☐ Check if this is community property (see instructions)	Φ	Ψ
			,		
4.1.	Make:		Who has an interest in the property? Check one.		
	Mako.			Do not deduct secured cla	aims or exemptions. Put
	Model:		☐ Debtor 1 only	the amount of any secure	d claims on Schedule D:
	Model:		☐ Debtor 1 only ☐ Debtor 2 only		d claims on Schedule D:
	Year:		Debtor 2 only Debtor 1 and Debtor 2 only	the amount of any secure	d claims on Schedule D: ns Secured by Property. Current value of th
			Debtor 2 only	the amount of any secure Creditors Who Have Clair	d claims on Schedule D: ns Secured by Property.
	Year:		Debtor 2 only Debtor 1 and Debtor 2 only	the amount of any secure Creditors Who Have Clair Current value of the	d claims on Schedule D: ns Secured by Property. Current value of th
	Year:		☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this is community property (see	the amount of any secure Creditors Who Have Clair Current value of the	d claims on Schedule D: ns Secured by Property.  Current value of th portion you own?
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#### Case 21-12012-abl Doc 19 Entered 05/20/21 09:40:16 Page 5 of 56

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		What is the property? Check all that apply.	Do not deduct secured cla the amount of any secured	
1.3.		Single-family home	Creditors Who Have Clain	
	Street address, if available, or other description	Duplex or multi-unit building	Current value of the	Current value of the
		Condominium or cooperative	entire property?	portion you own?
		Manufactured or mobile home	¢	-
		☐ Land	Φ	\$
		☐ Investment property	<b></b>	
	City State ZIP Code	☐ Timeshare	Describe the nature of interest (such as fee:	
		☐ Other	the entireties, or a life	
		Who has an interest in the property? Check one.		
	County	Debtor 1 only		
	<b>,</b>	Debtor 2 only	Check if this is co	mmunity proporty
		Debtor 1 and Debtor 2 only	(see instructions)	minumity property
		At least one of the debtors and another	(occ mendencine)	
		Other information you wish to add about this ite	em, such as local	
		property identification number:		
	Bosseille Verry Vehicles			
<b>you</b> u owi	own, lease, or have legal or equitable intere	st in any vehicles, whether they are registered or le, also report it on <i>Schedule G: Executory Contracts</i> s, motorcycles	not? Include any vehicles and Unexpired Leases.	S
o you ou owi	own, lease, or have legal or equitable interent that someone else drives. If you lease a vehicles, vans, trucks, tractors, sport utility vehicles	le, also report it on Schedule G: Executory Contracts	not? Include any vehicles and Unexpired Leases.	S
o you ou owi Cars	own, lease, or have legal or equitable interent that someone else drives. If you lease a vehicle, vans, trucks, tractors, sport utility vehicles	le, also report it on Schedule G: Executory Contracts	not? Include any vehicles and Unexpired Leases.	5
o you ou owi Cars	own, lease, or have legal or equitable interent that someone else drives. If you lease a vehicle, vans, trucks, tractors, sport utility vehicles	le, also report it on Schedule G: Executory Contracts	not? Include any vehicles and Unexpired Leases.	S
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you u owi Cars	own, lease, or have legal or equitable interent that someone else drives. If you lease a vehicle someone, trucks, tractors, sport utility vehicles to the solution of the solu	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this is community property (see	Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the	aims or exemptions. Put d claims on <i>Schedule D.</i> ns Secured by Property. <b>Current value of ti</b>
Cars	own, lease, or have legal or equitable interent that someone else drives. If you lease a vehicle someone, trucks, tractors, sport utility vehicles to the solution of the solu	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this is community property (see	Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the	aims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property. <b>Current value of ti</b>
Cars 3.1.	own, lease, or have legal or equitable interent that someone else drives. If you lease a vehicle so, vans, trucks, tractors, sport utility vehicles. No yes  Make:  Model:  Year:  Approximate mileage:  Other information:	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)	Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property?	aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of th portion you own?
Cars	own, lease, or have legal or equitable interent that someone else drives. If you lease a vehicle so, vans, trucks, tractors, sport utility vehicles. No yes  Make:  Model:  Year:  Approximate mileage:  Other information:	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property?  \$  Do not deduct secured class	aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of tr portion you own?  \$
Cars 3.1.	own, lease, or have legal or equitable interent that someone else drives. If you lease a vehicle so, vans, trucks, tractors, sport utility vehicles. No yes  Make:  Model:  Year:  Approximate mileage:  Other information:	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one.	Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property?	aims or exemptions. Put d claims on <i>Schedule D:</i> ns <i>Secured by Property.</i> <b>Current value of tr</b> portion you own?  \$
Cars 3.1.	own, lease, or have legal or equitable interent that someone else drives. If you lease a vehicle so, vans, trucks, tractors, sport utility vehicles. No Yes  Make:  Model:  Year:  Approximate mileage:  Other information:  u own or have more than one, describe here:  Make:  Model:	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one.	Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$  Do not deduct secured clathe amount of any secure Creditors Who Have Clair	aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of th portion you own?  \$ aims or exemptions. Put d claims on Schedule D: ns Secured by Property.
Cars 3.1.	own, lease, or have legal or equitable interent that someone else drives. If you lease a vehicle so, vans, trucks, tractors, sport utility vehicles and the solution of the so	le, also report it on Schedule G: Executory Contracts.  s, motorcycles  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property?  \$  Do not deduct secured class the amount of any secure	aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of th portion you own?  \$ aims or exemptions. Put d claims on Schedule D: ns Secured by Property.
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Cars	own, lease, or have legal or equitable interent that someone else drives. If you lease a vehicle so, vans, trucks, tractors, sport utility vehicles and the solution of the so	le, also report it on Schedule G: Executory Contracts.  s, motorcycles  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$  Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the	aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of th portion you own?  \$

Debtor 1 Parnell Colvin Case number (# known) 21-12012-abl

Part :	3: Describe Your Personal and Household Items	
Do yo	ou own or have any legal or equitable interest in any of the following items?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
	ousehold goods and furnishings	
	xamples: Major appliances, furniture, linens, china, kitchenware	
	No Yes. Describe	\$
7. <b>El</b> e	lectronics	
	xamples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; r collections; electronic devices including cell phones, cameras, media players, games	nusic
	No Yes. Describe	\$
8. <b>C</b> o	ollectibles of value	na managan di Malanda da d
	xamples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	
	No Yes. Describe	\$
Ex	quipment for sports and hobbies  Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; or and kayaks; carpentry tools; musical instruments	eanoes
	Yes. Describe	\$
E	irearms  Examples: Pistols, rifles, shotguns, ammunition, and related equipment  No	
	Yes. Describe	\$
E	lothes  Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
Z	No Yes. Describe 5 shirts, 5 pants and 2 pair of shoes	\$150.00
E	ewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, g gold, silver	ems,
	No Yes, Describe	\$
	ion-farm animals Examples: Dogs, cats, birds, horses	
	2 No 2 Yes. Describe	\$
14. <b>A</b> ı	any other personal and household items you did not already list, including any health aids you did not	list
	☑ No ☑ Yes. Give specific information	\$
	Add the dollar value of all of your entries from Part 3, including any entries for pages you have attache	
fo	or Part 3. Write that number here	

#### Case 21-12012-abl Doc 19 Entered 05/20/21 09:40:16 Page 7 of 56

Debtor 1	Parnell		Colvin	Case number (# known) 21-12012-abl	
	First Name	Middle Name Le	st Name	,	
			er negotiable and non-negotiable		
Negotia	able instruments i	include personal chec ents are those you car	ks, cashiers' checks, promissory no mot transfer to someone by signing	tes, and money orders. or delivering them.	
		one are more you can			
☑ No		Issuer name:			
	s. Give specific ormation about	issuel Humo.			\$
ther	m				-
					\$ \$
					Ψ
Retirer	ment or pension	accounts			
			01(k), 403(b), thrift savings accounts	s, or other pension or profit-sharing plans	
🗹 No	i				
	s. List each	Turn of appairate	Institution name:		
acc	count separately.	Type of account:			Φ.
		401(k) or similar plan:			\$
		Pension plan:			\$
		IRA:			\$
		Retirement account:			\$
		Keogh:			\$
		Additional account:			\$
					\$
		Additional account:			Ψ
Your sl Examp	oles: Agreements inies, or others	d deposits you have n	nade so that you may continue servi d rent, public utilities (electric, gas,	ce or use from a company water), telecommunications	
☑ Ye	s	In	stitution name or individual:		
		Electric:			\$
		Gas:			\$
		Heating oil:			\$
		Security deposit on re	ntal unit:		\$2,640.00
		Prepaid rent:			\$
		Telephone;			\$
		Water:			\$
		Rented furniture:			\$
		Other:			\$
					-
3. <b>A</b> nnuif	ties (A contract fo	or a periodic pavment	of money to you, either for life or for	a number of years)	
Ø No		paritatio pagrillorit		,	
	es	Issuer name and des	scription:		
<b>-</b> 1€		135461 Hallie and des	onpuoti.		\$
					\$
					\$

Case number (# known) 21-12012-abl Parnell Colvin Debtor 1 Last Name **Describe Your Financial Assets** Part 4: Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ✓ No ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Mo No ☐ Yes..... Institution name: 17.1. Checking account: 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ☑ No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No No % of ownership: Name of entity: 0% ☐ Yes. Give specific % information about 0%

0%

%

them.....

## Case 21-12012-abl Doc 19 Entered 05/20/21 09:40:16 Page 9 of 56

Debtor 1	Parnell		Colvin	Case number (# known) 21-12012-abl	
	First Name Mide	de Name	Last Name	•	
	s in an education II C. §§ 530(b)(1), 529			nder a qualified state tuition program.	
26 U.S.(	८. 99 530(b)(1), 529	A(D), and 529(D)	(1).		
		··· Institution na	me and description. Separately file the	records of any interests.11 U.S.C. § 521(c)	:
					\$
					\$
					\$
	equitable or future able for your bene		perty (other than anything listed in	line 1), and rights or powers	
<b>☑</b> No					
	. Give specific	The service was the service of the s			
info	rmation about them.				\$
:6. Patents	s, copyrights, trade	marks, trade se	crets, and other intellectual property	y	
	es: Internet domain	names, websites	, proceeds from royalties and licensing	agreements	
☑ No		· · · · · · · · · · · · · · · · · · ·			1
	. Give specific rmation about them.				\$
		prime and the state of the stat			]
	es, franchises, and es: Building permits		ntangibles es, cooperative association holdings, li	iquor licenses, professional licenses	<b>5</b> 21
No					7
	. Give specific rmation about them.				\$
1110	imation about triem.				] *
foney or	property owed to y	ou?			Current value of the portion you own?
					Do not deduct secured claims or exemptions.
8. Tax refu	unds owed to you				
<b>☑</b> No					
☐ Yes	. Give specific inforr		and and a single and the particular of the single below the service of the service of the single below the service of the serv	Federal:	\$
	about them, includ you already filed th			State:	\$
	and the tax years.			Local:	\$
9. Family	support				
Exampl	es: Past due or lum	p sum alimony, s	pousal support, child support, mainten	ance, divorce settlement, property settlemer	nt
☐ No					
🗹 Yes	. Give specific inform	mation	owe back child support.	Allerania	<b>#</b>
				Alimony:	\$ e
		-		Maintenance: Support:	\$ 5,000.00
				Divorce settlement:	\$
		wellenings - for		Property settlement:	\$
0. Other a Exampl	amounts someone les: Unpaid wages, o Social Security l	disability insurand	ce payments, disability benefits, sick pa oans you made to someone else	ay, vacation pay, workers' compensation,	
<b>2</b> No					7
☐ Yes	. Give specific inform	mation			\$
					▼

## Case 21-12012-abl Doc 19 Entered 05/20/21 09:40:16 Page 10 of 56

Debtor 1	Parnell		Colvin	Case number (# known) 21-12012-abl	
	First Name	Middle Name	Last Name		
	-4- In Im	nalisias			
	sts in insurance oles: Health, disa		ce; health savings account (HSA); credit, home	eowner's, or renter's insurance	
☑ No		uranaa aamnany			O
<b>∟i</b> Ye		urance company and list its value	Company name:	Beneficiary:	Surrender or refund value:
					\$
					\$
00 America	-44 lu uuana	why that is due you	from someone who has died		Ψ
If you proper	are the beneficianty because som	ary of a living trust, e	xpect proceeds from a life insurance policy, or	are currently entitled to receive	
<b>☑</b> No	-	information			- v
	ss. Give specific	IIIIOIIIIadork	- The regions and plants and plants are as a second or the region of the		\$
Exam	ples: Accidents,		not you have filed a lawsuit or made a dem s, insurance claims, or rights to sue	nand for payment	
☑ No		h claim			
			CONTRACTOR		\$
	off claims	l unliquidated clair	s of every nature, including counterclaims		
☐ Ye	es. Describe eac	h claim			\$
35. <b>Any fi</b>	nancial assets	you did not alread	list		
<b>☑</b> No		information			
<b>—</b> 10	es. Give specific	information	$d_{i} = d_{i} + d_{i$		\$
			s from Part 4, including any entries for pag		
for Pa	art 4. Write that	number here		······	\$
Part 5:	Describe	Any Business	Related Property You Own or Hav	e an Interest In. List any re	eal estate in Part 1.
37. <b>Do yo</b>	u own or have	any legal or equita	ole interest in any business-related propert	y?	
	o. Go to Part 6.				
☐ Ye	es. Go to line 38	•			O af the
					Current value of the portion you own?
					Do not deduct secured claims or exemptions.
38. <b>Acco</b>	unts receivable	or commissions y	ou already earned		
☑ N	-				Ĩ
∐ Yı	es. Describe				\$
39. Office Examp	e equipment, fu oles: Business-rela	rnishings, and sup		aphones, desks, chairs, electronic devices	
<b>☑</b> N					
<b>□</b> Y	es. Describe				\$

## Case 21-12012-abl Doc 19 Entered 05/20/21 09:40:16 Page 11 of 56

Debtor 1	Parnell		Colvin	Case number (if known) 21-12012-abl	
	First Name	Middle Name	Last Name		
40. Machin	nery, fixtures, ed	quipment, suppli	es you use in business, and tools of	f your trade	
<b>☑</b> No					
	s. Describe	a canada na mada dipadilaban na ana maka 1997 na anaka			\$
					*
41. Invent					
<b>⊿</b> No					•
<b>∐</b> Ye	s. Describe				Φ:
	1-0				
42. Interes	sts in partnershi	ips or joint ventu	ires		
<b>☑</b> No	•				
☐ Ye	s. Describe	Name of entity:		% of ownership:	
		•		%	\$
				0/	\$
					\$
43. Custo	mer lists, mailin	g lists, or other	compilations		
<b>☑</b> No	)				
☐ Ye	es. Do your lists	include persona	ally identifiable information (as define	ed in 11 U.S.C. § 101(41A))?	
	☐ No				7
	Yes. Desc				\$
		Access make (Pet a)			, Y
			d not already list		
44. <b>Any b</b>		property you aid	a not already list		
	es. Give specific				\$
	formation				Ψ
					\$
					\$
					\$
					\$
					<u> </u>
					\$
45. Add t	he dollar value	of all of your ent	ries from Part 5, including any entri	es for pages you have attached	\$
for Pa	art 5. Write that	number here		<b>→</b>	<b>Y</b>
	_				
Part 6:	Describe A	ny Farm- and ( r have an interes	Commercial Fishing-Related Prost in farmland, list it in Part 1.	pperty You Own or Have an interest in	·
		any legal or equi	table interest in any farm- or comme	ercial fishing-related property?	
	o. Go to Part 7.				
☐ Y	es. Go to line 47.				
					Current value of the portion you own?
					Do not deduct secured claims
					or exemptions.
	animals				
Exam	ples: Livestock,	poultry, farm-raise	ed fish		
<b>⊿</b> N	o				
_ <b>U</b> Y	es				
		1			\$

#### Case 21-12012-abl Doc 19 Entered 05/20/21 09:40:16 Page 12 of 56

Debtor 1	Parnell	Co	olvin	Case number (if known) 21-12012-ab	1
Dobtor .	First Name	Middle Name Last Name			
48. Crops-	-either growing	or harvested			
☑ No					1
	s. Give specific				•
	ormation				\$
49. <b>Farm a</b> ✓ No		oment, implements, machinery, fixture	s, and tools of t	rade	
	s		والمساورة والمسا		
					\$
50. Farm a	nd fishing supp	lies, chemicals, and feed			
<b>☑</b> No					
☐ Ye	s	de seed for the first of the equipment of an experience of policy by the design of the control o	and the state of t		
	a continue de la cont		g garan light thail an ghair haide thaide dh'ithriain a th' a dail th' g bhair a th' ann an beath a stathair a		\$
		rcial fishing-related property you did r	not already list		
☑ No	s. Give specific	$1000 \times 1000 \times $			7
	ormation		التعادية العادة المتعادلة المعادلين والراجع والوروع والمساور والواحد والمساور المتعادلة والمساور والم	and the second of the second o	\$
52. Add th	ne dollar value o	f all of your entries from Part 6, includ	ling any entries	for pages you have attached	\$
for Pa	rt 6. Write that r	umber here		→	Ψ
Part 7:	Describe A	All Property You Own or Have	an Interest i	n That You Did Not List Above	
		operty of any kind you did not already country club membership	list?		
☑ No		та макада 18 жил тепутунун үчкү (түрүнү) орунда аташу каламаанын ачта ташын бүрүн керептексия ташана ташана байын тайынын тайын та			•
	s. Give specific				Ф
1file	ormation				\$
	•			And the state of t	•
54. Add th	ne dollar value o	f all of your entries from Part 7. Write	that number her	e	\$
Part 8:	List the T	otals of Each Part of this Form	n		
rait o.	LIST the 1	Adis of Each Fait of this Form	•		0.00
55. Part 1:	: Total real esta	te, line 2		<b>→</b>	\$
56. Part 2:	: Total vehicles,	line 5	\$		
57. Part 3:	: Total personal	and household items, line 15	\$		
	: Total financial		\$		
		-related property, line 45	\$		
		fishing-related property, line 52	ę.	<del></del>	
			Ψ		
61. Part 7	: Total other pro	perty not listed, line 54	T 5		
62. Total	personal proper	ty. Add lines 56 through 61	. \$	Copy personal property total	+\$
			<ul> <li>con commente percentra l'assesse didelli de 17 lg-18 cm. Proprie</li> </ul>		
63. Total	of all property o	n Schedule A/B. Add line 55 + line 62	***************************************		\$
					1

Fill in this in	formation to identify yo	our case:					
	Parnell		Colvin				
Debtor 1	First Name	Middle Name	Last Name	·			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				
United States I	Bankruptcy Court for the: Dis	strict of Nevada					
Case number	21-12012-abl						
(If known)						Check i amende	
						amonac	ou minig
Official	Form 106D						
Sched	ule D: Credi	itors Who	Have (	laims Secur	ed by Pro	perty	12/15
				filing together, both are ed			•
information. additional p	. If more space is neede ages, write your name a	d, copy the Addition and case number (if	nal Page, fill in known).	t out, number the entries,	and attach it to thi	s form. On the top of	any
Do any cr	editors have claims sec	cured by your prope	rtv?				
				r schedules. You have noth	ing else to report on	this form.	
🔲 Yes. F	fill in all of the information	below.					
Part 1:	ist All Secured Claim	15			Column A	Column B	Column C
. List all se	cured claims. If a credito	or has more than one	secured claim	, list the creditor separately		Value of collateral	Unsecur
for each c	laim. If more than one creas possible, list the claims	editor has a particula s in alphabetical orde	r claim, list the r according to	other creditors in Part 2. the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
	to poolible, not the oldanie	,			Value of contatorul.		
!.1] 		Describe th	e property tha	t secures the claim:	\$	\$	\$
Creditor's Na	ame						
Number	Street				_		
			-	e claim is: Check all that apply	·.		
		Continge Unliquida					
City	State ZIP	Code Disputed					
Who owes	the debt? Check one.	Nature of li	en. Check all tha	at apply.			
Debtor 1	lonly			(such as mortgage or secured			
Debtor 2	? only	car loan)					
	I and Debtor 2 only		y lien (such as ta nt lien from a law	x lien, mechanic's lien)			
☐ At least	one of the debtors and anoth	101	icluding a right to				
	if this claim relates to a	•		,	_		
	ınity debt was incurred	Last 4 digit	s of account n	umber			
2.2	errorm de modern de metalliche der der der der der de metalliche der der de de metalliche der de de de de de d De de		Apparent Control of Co	t secures the claim:	\$	\$	\$
	ame						
Creditor's N					or constant		
	011	i			1		
Creditor's N	Street	As of the d	ate you file, the	e claim is: Check all that apply	<i>ı</i> .		
	Street	As of the d	-	e claim is: Check all that apply	<i>(</i> .		
Number 		Continge	ent ated	e claim is: Check all that apply	<i>i</i> .		
		Continge	ent ated	e claim is: Check all that apply	<i>i</i> .		
Number		Code Continger Unliquid Disputed	ent ated		<i>i</i> .		
Number  City  Who owes  Debtor 1	State ZIP the debt? Check one. 1 only	Code Code Code Code Code Code Code Code	ent ated I <b>en</b> . Check all tha ement you made		<i>i</i> .		
Number  City  Who owes  Debtor 1	State ZIP the debt? Check one. 1 only 2 only	Code Continge Disputed Nature of li An agree	ent ated i en. Check all the ement you made )	at apply. (such as mortgage or secured	<i>(</i> .		
City  Who owes  Debtor 1  Debtor 2	State ZIP the debt? Check one. 1 only	Code Continge Unliquid Disputed Nature of li An agree car loan Statutor	ent ated i en. Check all the ement you made )	at apply. (such as mortgage or secured x lien, mechanic's lien)	<i>i</i> .		

Last 4 digits of account number \_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here:

community debt

Date debt was incurred \_\_\_

Debtor 1 Parnell	Colvin Case nun	er (# known) 21-12012-abl						
First Name Middle Name	Last Name							
Additional Page Part 1: After listing any entries on this by 2.4, and so forth.	page, number them beginning with 2.3, followed	Column A  Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any				
	Describe the property that secures the claim:	<b>-</b> \$	\$	\$				
Creditor's Name			***************************************					
Number Street	-							
	A - of the data was file the claim in Check all that apply	_						
City State ZIP Code	<ul> <li>As of the date you file, the claim is: Check all that apply.</li> <li>Contingent</li> <li>Unliquidated</li> <li>Disputed</li> </ul>							
Who owes the debt? Check one.	Nature of lien. Check all that apply.							
Debtor 1 only Debtor 2 only	<ul> <li>An agreement you made (such as mortgage or secured car loan)</li> </ul>							
Debtor 1 and Debtor 2 only At least one of the debtors and another	Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)							
<ul> <li>Check if this claim relates to a community debt</li> </ul>		-						
Date debt was incurred	Last 4 digits of account number		120001250000 4180001251012611401401400 7004455 (11804-1-1-1-1852-25)					
Creditor's Name	Describe the property that secures the claim:	\$	. \$	.\$				
Citation 3 Haine								
Number Street								
	As of the date you file, the claim is: Check all that apply.  —   — Contingent							
	Unliquidated							
City State ZIP Code	Disputed							
Who owes the debt? Check one.	Nature of lien. Check all that apply.							
Debtor 1 only	☐ An agreement you made (such as mortgage or secured							
Debtor 2 only Debtor 1 and Debtor 2 only	car loan)  Statutory lien (such as tax lien, mechanic's lien)							
At least one of the debtors and another	Judgment lien from a lawsuit							
☐ Check if this claim relates to a community debt	Other (including a right to offset)	_						
Date debt was incurred	Last 4 digits of account number							
	Describe the property that secures the claim:	\$	\$	\$				
Creditor's Name		7		, Ŧ <u></u>				
Number Street	_							
Number Sueet								
	<ul> <li>As of the date you file, the claim is: Check all that apply</li> </ul>							
City State ZIP Code	Contingent Unliquidated Disputed							
Who owes the debt? Check one.	Nature of lien. Check all that apply.							
Debtor 1 only	<ul> <li>An agreement you made (such as mortgage or secured car loan)</li> </ul>							
Debtor 2 only Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)							
At least one of the debtors and another	Judgment lien from a lawsuit							
☐ Check if this claim relates to a community debt	Other (including a right to offset)	_						
Date debt was incurred	Last 4 digits of account number							
Add the dollar value of your entrice	es in Column A on this page. Write that number here:	\$						
If this is the last page of your forn Write that number here:	n, add the dollar value totals from all pages.	\$	_					

Debtor	1	Parnell		Colvin	Case number (if known) 21-12012-abl
		First Name Middle Nan			
-	rt 2:		Notified for a Debt		
age	ncy is to	rying to collect from y nore than one creditor	ou for a debt you owe to	someone else, list tl you listed in Part 1,	a debt that you already listed in Part 1. For example, if a collection he creditor in Part 1, and then list the collection agency here. Similarly, if list the additional creditors here. If you do not have additional persons to
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			_
					_
	City		State	ZIP Code	_
	eron source are	فاسراها والمراكب والمنطقة	المراجع والمعامل والمراجع والم	والمراور الإراوي ويومون الشهر مهرات المراوية والمهادية والمهادية والمراوية والمراوية	On which line in Part 1 did you enter the creditor?
Ш	Name				Last 4 digits of account number
					_
	Number	Street			·
					_
	City		State	ZIP Code	
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			_
					_
	City		State	ZIP Code	_
П		enderselle de l'article de la lectur nesterat de Lambé de la que mant qui migliage de l'article de l'article d	e nero Gardon de Carpadago y militario dos Aren Ademontales de la estadamente Pedestro actualismo de Aren Secul	anasakan kanan kanan yan kenan kenan kenangan kenancan kanan kanan kanan kenan kenan kenan kenan kenan kenan k	On which line in Part 1 did you enter the creditor?
	Name		,		Last 4 digits of account number
					_
	Number	Street			
					_
	City		State	ZIP Code	
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			
					_
	City		State	ZIP Code	_
		, en algebra de la programa y oponimismo el minimismo para la mella de la finlar	. १११ केन्द्र संस्कृत संस्कृत संस्कृत संस्कृत कर कर कर तथा वर्ष के सम्बन्ध के का सम्बन्ध कर है सम्बन्ध कर है स		On which line in Part 1 did you enter the creditor?
	Name			W. 4. 11. 11. 11. 11. 11. 11. 11. 11. 11.	Last 4 digits of account number
	11. ·	Christ			_
	Number	r Street			
					_
	City		State	ZIP Code	

Debtor 1 Parnell Colvin First Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: District of Nevada  Case number (If known)  Official Form 106E/F  Schedule E/F: Creditors Who Have Unsecured Claims  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY clait the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule C: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule C: Executory Contracts and Unexpired Leases (Official Form 106A/B). Do not increditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space in needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the continuation Page to this page, on the left of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?  We No. Go to Part 2.  Yes.  List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority amounts, list that claim here and show both priority amounts, list that claim here and show both priority amounts, list that claim here and show both priority amounts, list that claim here and show both priority amounts, list that claim here and show both priority amounts, list that claim here and show both priority amounts, list that claim here and	12/15
Debtor 2 (Spouse, if filing) First Name  United States Bankruptcy Court for the: District of Nevada  Case number (If known)  Official Form 106E/F  Schedule E/F: Creditors Who Have Unsecured Claims  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY clai	12/15
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each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority	im For
nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3	rity and oriority
(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  Total claim Priority amount	
Last 4 digits of account number \$\$	Nonpriority amount
Priority Creditor's Name  When was the debt incurred?	Nonpriority

As of the date you file, the claim is: Check all that apply. ☐ Contingent ZIP Code City ☐ Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only ■ Domestic support obligations At least one of the debtors and another ☐ Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt ☐ Claims for death or personal injury while you were intoxicated Is the claim subject to offset? Other, Specify ☐ No Yes 2.2 Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent ■ Unliquidated ZIP Code City ■ Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only ■ Domestic support obligations Debtor 1 and Debtor 2 only ☐ Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were  $oldsymbol{\square}$  Check if this claim is for a community debt intoxicated Other. Specify\_ Is the claim subject to offset? ■ No

☐ Yes

Case number (if known) 21-1201-abl Colvin Parnell Debtor 1 Your PRIORITY Unsecured Claims — Continuation Page Part 1: After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. **Priority** Nonpriority **Total claim** amount amount Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated ZIP Code City ■ Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only ■ Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other. Specify Is the claim subject to offset? ☐ No ☐ Yes Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only ■ Domestic support obligations Debtor 1 and Debtor 2 only ☐ Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other. Specify Is the claim subject to offset? ☐ No Yes Last 4 digits of account number \_ Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent ZIP Code Unliquidated Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only ■ Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other, Specify Is the claim subject to offset? ☐ No ☐ Yes

Case number (if known) 21-1201-abl Colvin Parnell Debtor 1 **List All of Your NONPRIORITY Unsecured Claims** Part 2: 3. Do any creditors have nonpriority unsecured claims against you? Mo. You have nothing to report in this part. Submit this form to the court with your other schedules. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. **Total claim** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. ZIP Code State City Contingent Who incurred the debt? Check one. Unliquidated ■ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another Student loans Obligations arising out of a separation agreement or divorce ☐ Check if this claim is for a community debt that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts ☐ No Yes Last 4 digits of account number 4.2 When was the debt incurred? Nonpriority Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. ZIP Code City □ Contingent ☐ Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce ☐ Check if this claim is for a community debt that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other, Specify\_ ☐ No Yes Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. ZIP Code Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts ☐ No Other, Specify Yes

Debtor 1

Yes

Parnell Colvin

Case number (if known) 21-1201-abl

ter listing any entries on this page, number them beginning wit	h 4.4, followed by 4.5, and so forth.	Total claim
	Last 4 digits of account number	\$
Nonpriority Creditor's Name	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code  Who incurred the debt? Check one.	Contingent Unliquidated	
Debtor 1 only	☐ Disputed	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Is the claim subject to offset?  No Yes	Debts to pension or profit-sharing plans, and other similar debts  Other. Specify	
	Last 4 digits of account number	san intercenting and consequently stated the stated and consequently stated an
Nonpriority Creditor's Name	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
Debtor 1 only	·	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	<ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul>	
☐ Check if this claim is for a community debt	you did not report as priority claims	
Is the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify	
□ No □ Yes	Girler. Specify	
	Last 4 digits of account number	\$
Nonpriority Creditor's Name	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
☐ Debtor 1 only ☐ Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
☐ At least one of the debtors and another	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?  ☐ No	Other. Specify	

Debtor 1

Parnell First Name

Colvin

Case number (if known) 21-1201-abl

List Others to Be Notified About a Debt That You Already Listed

male if a collection at	iency is trying to conect nom a	nt your bankruptcy, for a debt that you already listed in Parts 1 or 2. For you for a debt you owe to someone else, list the original creditor in Parts 1 or live more than one creditor for any of the debts that you listed in Parts 1 or 2, list the sons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.
mional ordeness	•	On which entry in Part 1 or Part 2 did you list the original creditor?
ame		Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
umber Street		Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number
	State ZIP Code	Last 4 digito V and the control of t
Sity Augustus - Architectus (Architectus) (A	State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor?
lame		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber Street		Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number
	State ZIP Code	On which entry in Part 1 or Part 2 dld you list the original creditor?
Name		
Number Street		Part 2: Creditors with Nonpriority Unsecured Claims
	State ZIP Code	
Name		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
Number Street		Claims
	State ZIP Cod	Last 4 digits of account number
	والمناوية	On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street		Part 2: Creditors with Nonpriority Unsecured
		Claims —
	State ZIP Coo	Last 4 digits of account number
		On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
Number Street		Claims
	State ZIP Co	Last 4 digits of account number
	Silate  Silate	On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street		Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number

Parnell
First Name
Middle Name
Last Name

Colvin
Case number (# known) 21-1201-abl

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

**Total claim** 5,000.00 6a. 6a. Domestic support obligations **Total claims** from Part 1 6b. Taxes and certain other debts you owe the 30,000.00 6b. government 6c. Claims for death or personal injury while you were intoxicated 6c. 0.00 6d. Other. Add all other priority unsecured claims. 0.00 Write that amount here. 6d. 6e. Total. Add lines 6a through 6d. 6e. 35,000.00 **Total claim** 6f. 6f. Student loans **Total claims** from Part 2 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority 6g. 6h. Debts to pension or profit-sharing plans, and other similar debts 6h. 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6i. 6j. Total. Add lines 6f through 6i. 6j.

Filli	n this in	formation to id	lentify your ca	se:				
		Parnell			Colvin			
Debt	or	First Name	Middle	Name	Last Name			
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							ou have nothing else to report on this to	
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1	Person o	or company wi	th whom you l	nave the contr	act or lease		State what the contract or lease is	for
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		irst Name	Middle Name			
Por			with whom you		ontracts or Leases	What the contract or lease is for
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Naı	me					_
Nu	mber	Street				_
City	v		State	ZIP Code		_
				and the party of water Control of the Co	والمرافقة والمرا	
Na	me					_
		O11				_
	mber	Street				_
City	y 		State	ZIP Code	y nanapanak nyemnomone nyema mma kenyempenanya hinama hina indika indika indika indika indika indika indika in	
-						_
Na	me					
Nu	mber	Street				_
Cit	у		State	ZIP Code		_

Fill in this information to identify your case:									
Debtor 1	Parnell		Colvin						
200101	First Name	Middle Name	Last Name						
Debtor 2									
(Spouse, if filing	) First Name	Middle Name	Last Name						
United States	Bankruptcy Court f	or the: District of Nebraska							
Case number	21-12012-a	bl							
(if known)									

# ☐ Check if this is an amended filing

#### Official Form 106H

#### **Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

_	<b>Do you have any codebtors?</b> (If you are filing a joint case, do ☑ No	not list either spouse as a codebtor.)	
	Yes		
2. <b>V</b>	Nithin the last 8 years, have you lived in a community pro Arizona, California, Idaho, Louisiana, Nevada, New Mexico, P	perty state or territory? (Community property states and territories included the state of territories included the state of the state	de
_	☑ No. Go to line 3. ☑ Yes. Did your spouse, former spouse, or legal equivalent	ive with you at the time?	
	□ No □ Yes to which community state or territory did you live	P Fill in the name and current address of that person	on.
	Tes. In which community state of territory are year are	•	
	Name of your spouse, former spouse, or legal equivalent		
	Number Street		
	City State	ZIP Code	
	and the state of t		
5	shown in line 2 again as a codebtor only if that person is	r spouse as a codebtor if your spouse is filing with you. List the pers a guarantor or cosigner. Make sure you have listed the creditor on	ion
5	shown in line 2 again as a codebtor only if that person is Schedule D (Official Form 106D), Schedule E/F (Official Fo Schedule E/F, or Schedule G to fill out Column 2.	a guarantor or cosigner. Make sure you have listed the creditor on orm 106E/F), or Schedule G (Official Form 106G). Use Schedule D,	
5	shown in line 2 again as a codebtor only if that person is S <i>chedule D</i> (Official Form 106D), S <i>chedule E/F</i> (Official Fo	a guarantor or cosigner. Make sure you have listed the creditor on	
, s	shown in line 2 again as a codebtor only if that person is Schedule D (Official Form 106D), Schedule E/F (Official Foschedule E/F, or Schedule G to fill out Column 2.  Column 1: Your codebtor	a guarantor or cosigner. Make sure you have listed the creditor on orm 106E/F), or Schedule G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you ow	
, s	shown in line 2 again as a codebtor only if that person is Schedule D (Official Form 106D), Schedule E/F (Official Fo Schedule E/F, or Schedule G to fill out Column 2.	a guarantor or cosigner. Make sure you have listed the creditor on orm 106E/F), or Schedule G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you ow  Check all schedules that apply:	
, s	shown in line 2 again as a codebtor only if that person is Schedule D (Official Form 106D), Schedule E/F (Official Foschedule E/F, or Schedule G to fill out Column 2.  Column 1: Your codebtor	a guarantor or cosigner. Make sure you have listed the creditor on orm 106E/F), or Schedule G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you ow  Check all schedules that apply:  Schedule D, line	
3.1	shown in line 2 again as a codebtor only if that person is Schedule D (Official Form 106D), Schedule E/F (Official Form 106D), Schedule E/F, or Schedule G to fill out Column 2.  Column 1: Your codebtor	a guarantor or cosigner. Make sure you have listed the creditor on orm 106E/F), or Schedule G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you ow Check all schedules that apply:  Schedule D, line	
3.1	shown in line 2 again as a codebtor only if that person is Schedule D (Official Form 106D), Schedule E/F (Official Form 106D), Schedule E/F, or Schedule G to fill out Column 2.  Column 1: Your codebtor  Name  Number Street	a guarantor or cosigner. Make sure you have listed the creditor on form 106E/F), or Schedule G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you ow Check all schedules that apply:  Schedule D, line Schedule E/F, line Schedule G, line	
3.1	shown in line 2 again as a codebtor only if that person is Schedule D (Official Form 106D), Schedule E/F (Official Form 106D), Schedule E/F, or Schedule G to fill out Column 2.  Column 1: Your codebtor  Name  Number Street	a guarantor or cosigner. Make sure you have listed the creditor on form 106E/F), or Schedule G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you ow Check all schedules that apply:  Schedule D, line Schedule E/F, line Schedule G, line	
.1	shown in line 2 again as a codebtor only if that person is Schedule D (Official Form 106D), Schedule E/F (Official Form 106D), Schedule E/F, or Schedule G to fill out Column 2.  Column 1: Your codebtor  Name  Number Street  City State	a guarantor or cosigner. Make sure you have listed the creditor on form 106E/F), or Schedule G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you ow Check all schedules that apply:  Schedule D, line Schedule E/F, line ZIP Code  Schedule D, line	
.1	shown in line 2 again as a codebtor only if that person is Schedule D (Official Form 106D), Schedule E/F (Official Form 106D), Schedule E/F, or Schedule G to fill out Column 2.  Column 1: Your codebtor  Name  Number Street  City State	a guarantor or cosigner. Make sure you have listed the creditor on form 106E/F), or Schedule G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you ow Check all schedules that apply:  Schedule D, line Schedule E/F, line ZIP Code  Schedule D, line Schedule D, line Schedule E/F, line Schedule D, line	
3.2	shown in line 2 again as a codebtor only if that person is Schedule D (Official Form 106D), Schedule E/F (Official Form 106D), Schedule E/F (Official Form 106D), Schedule E/F, or Schedule G to fill out Column 2.  Column 1: Your codebtor  Name  Number Street  Name  Number Street	a guarantor or cosigner. Make sure you have listed the creditor on form 106E/F), or Schedule G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you ow Check all schedules that apply:  Schedule D, line Schedule E/F, line ZIP Code  Schedule D, line Schedule D, line Schedule D, line Schedule D, line Schedule E/F, line Schedule G, line	
3.2	shown in line 2 again as a codebtor only if that person is Schedule D (Official Form 106D), Schedule E/F (Official Form 106D), Schedule E/F (Official Form 106D), Schedule E/F, or Schedule G to fill out Column 2.  Column 1: Your codebtor  Name  Number Street  Name  Number Street	a guarantor or cosigner. Make sure you have listed the creditor on form 106E/F), or Schedule G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you ow Check all schedules that apply:  Schedule D, line Schedule E/F, line Schedule G, line Schedule E/F, line Schedule E/F, line Schedule G, line Schedule G, line Schedule G, line	
5	shown in line 2 again as a codebtor only if that person is Schedule D (Official Form 106D), Schedule E/F (Official Form 106D), Schedule E/F (Official Form 106D), Schedule E/F, or Schedule G to fill out Column 2.  Column 1: Your codebtor  Name  Number Street  City State  City State	a guarantor or cosigner. Make sure you have listed the creditor on form 106E/F), or Schedule G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you ow Check all schedules that apply:  Schedule D, line Schedule E/F, line ZIP Code  Schedule D, line Schedule D, line Schedule D, line Schedule D, line Schedule E/F, line Schedule G, line	

Case number (if known) 21-12012-abl Colvin Parnell Debtor 1 Last Name **Additional Page to List More Codebtors** Column 2: The creditor to whom you owe the debt Column 1: Your codebtor Check all schedules that apply: ☐ Schedule D, line \_\_\_\_\_ Name ☐ Schedule E/F, line \_\_\_\_\_ ☐ Schedule G, line \_\_\_\_ Number City State ZIP Code ☐ Schedule D, line \_ Name ☐ Schedule E/F, line \_\_\_ ☐ Schedule G, line \_\_\_ Number Street ZIP Code City State ☐ Schedule D, line Name ☐ Schedule E/F, line \_\_\_ ☐ Schedule G, line \_\_\_ Number Street ZIP Code City State ☐ Schedule D, line Name ☐ Schedule E/F, line \_\_\_ ☐ Schedule G, line \_\_\_\_ Number Street City ZIP Code ☐ Schedule D, line \_\_\_ Name ☐ Schedule E/F, line \_\_\_\_ ☐ Schedule G, line \_\_\_\_ Number Street City ZIP Code ☐ Schedule D, line Name ☐ Schedule E/F, line \_\_\_\_ ☐ Schedule G, line \_\_\_\_ Number Street ZIP Code City State ☐ Schedule D, line \_\_\_ Name ☐ Schedule E/F, line \_\_\_\_ ☐ Schedule G, line \_\_\_\_ Number Street ZIP Code City State ☐ Schedule D, line \_ Name ☐ Schedule E/F, line \_\_\_\_ ☐ Schedule G, line \_\_\_\_ Number Street ZIP Code City State

Fill in this information to identify y	our case:				
Debtor 1 Parnell		Colvin			
First Name Debtor 2	Middle Name I.	ast Name			
(Spouse, if filing) First Name	Middle Name L	ast Name			
United States Bankruptcy Court for the: D	istrict of Nevada				
Case number 21-12012-abl				Check if t	his is:
(If known)					nended filing
					plement showing postpetition chapter 13 e as of the following date:
Official Form 106I				MM / 0	DD / YYYY
Schedule I: You	r Income				12/15
cumplying correct information If yo	u are married and not filin se is not filing with you, d top of any additional page	g jointly, and you o not include info	ur spou ormatio	ise is living with y n about your spo	or 2), both are equally responsible for you, include information about your spouse. buse. If more space is needed, attach a known). Answer every question.
Fill in your employment information.		Debtor 1			Debtor 2 or non-filing spouse
If you have more than one job,					
attach a separate page with information about additional employers.	Employment status	☐ Employed ☐ Not employed	ed		☐ Employed ☐ Not employed
Include part-time, seasonal, or self-employed work.	Occupation				
Occupation may include student or homemaker, if it applies.	Occupation				
	Employer's name				
	Employer's address				
		Number Street			Number Street
		City	State	ZIP Code	City State ZIP Code
	How long employed there	e?			
Part 2: Give Details About	: Monthly Income				
		. If you have noth	ing to re	port for any line, v	vrite \$0 in the space. Include your non-filing
spouse unless you are separated  If you or your non-filing spouse he below. If you need more space, a	ave more than one employer	r, combine the info	ormation	for all employers	for that person on the lines
below. If you need filore space, a	шаон а заранаю энеск ю (нв	5 (5)III.		For Debtor 1	For Debtor 2 or non-filing spouse
List monthly gross wages, sal deductions). If not paid monthly,			2.	\$0.00	\$
3. Estimate and list monthly over	rtime pay.		3. 1	0.00	+ \$
4. Calculate gross income. Add li	ne 2 + line 3.		4.	\$0.00	\$

Debtor 1	Parnell First Name Middle Name	Colvin			Case	number (# kno	wn)_2	21-12012-abl				
				elionom	For D	ebtor 1		For Debtor 2 or non-filing spouse	Estimat			
Сору	line 4 here		4.		\$	0.00		\$				
5. <b>List al</b>	Il payroll deductions:											
5a. <b>1</b>	Гах, Medicare, and Social	Security deductions	5a.		\$	0.00		\$				
5b. <b>I</b>	Mandatory contributions f	for retirement plans	5b.		\$	0.00		\$				
5c. \	Voluntary contributions fo	or retirement plans	5c.		\$	0.00		\$				
	Required repayments of re		5d.		\$	0.00		\$				
5e. <b>I</b>	nsurance		5e.		\$	0.00		\$				
5f. I	Domestic support obligati	ions	5f.		\$	0.00		\$				
5a. l	Union dues		5g.		\$	0.00		\$				
•		:	5h.	+	\$	0.00		+ \$				
		odd lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.		\$	0.00		\$				
7. Calc	ulate total monthly take-h	nome pay. Subtract line 6 from line 4.	7.		\$	0.00		\$				
8. List a	all other income regularly	received:										
	Net income from rental pr profession, or farm	operty and from operating a business,										
	Attach a statement for each receipts, ordinary and necementhly net income.	n property and business showing gross ssary business expenses, and the total	8a.		\$	0.00		\$				
	Interest and dividends		8b.		\$	0.00		\$				
		that you, a non-filing spouse, or a depende	ent									
	regularly receive Include alimony, spousal su settlement, and property se	upport, child support, maintenance, divorce	8c.		\$	0.00		\$				
	Unemployment compens		8d.		\$	1,600.00		\$				
	Social Security		8e.		\$	0.00		\$				
	Include cash assistance an	ance that you regularly receive d the value (if known) of any non-cash assistar pod stamps (benefits under the Supplemental am) or housing subsidies.	nce 8f.		\$	0.00		\$				
			8g.		œ	0.00		œ.				
U	Pension or retirement inc		_		Ψ	***		Ψ				
		pecify:	8h. 9.	г	\$	0.00 1,600.00		+\$	_			
		es 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	L	Ф			Ψ	듹	Г		
	ulate monthly income. Add the entries in line 10 for Del	d line 7 + line 9. btor 1 and Debtor 2 or non-filing spouse.	10	). 	\$	1,600.00	+	\$		= [	\$	
Inclu friend Do n	de contributions from an un ds or relatives.	utions to the expenses that you list in Sche nmarried partner, members of your household, eady included in lines 2-10 or amounts that are	your	dep				s listed in <i>Schedule</i>	<i>J.</i> 11. '	+ :	\$	1,600.00
12. Add Write	the amount in the last co	lumn of line 10 to the amount in line 11. The pary of Your Assets and Liabilities and Certain	e resu Statis	ult is stica	the o	combined mo	onth app	ily income. lies	12.	ſ	<b></b> \$	0.0
											Combi month	ined Ily income
Ø	you expect an increase or No. Yes, Explain:	r decrease within the year after you file this	form	17								

Fill in this information to identify	your case:			
Debtor 1 Parnell	Colvin	Oh autuist	4-1- 1	
First Name	Middle Name Last Name	Check if t		
Debtor 2 (Spouse, if filing) First Name	Middle Name Last Name	I	nended filing plement showing pos	tnotition chapter 13
United States Bankruptcy Court for the:	District of Nebraska		piement snowing pos ises as of the followir	
Case number 21-12012-abl			DD / YYYY	
(If known)				
Official Form 106J	-			
Schedule J: Yo	ur Expenses			12/15
Be as complete and accurate as point information. If more space is need (if known). Answer every question	ossible. If two married people are fili led, attach another sheet to this form	ng together, both are equally . On the top of any additiona	responsible for supp I pages, write your na	lying correct me and case number
Part 1: Describe Your Hou	usehold			
1. Is this a joint case?				
<ul><li>✓ No. Go to line 2.</li><li>✓ Yes. Does Debtor 2 live in a</li></ul>	separate household?			
☐ No ☐ Yes. Debtor 2 must fi	le Official Form 106J-2, Expenses for S	Separate Household of Debtor 2	2.	
2. Do you have dependents?	☐ No ☑ Yes. Fill out this information for	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not list Debtor 1 and Debtor 2.	each dependent		Popularies that B Popularies the State of th	□ No
Do not state the dependents' names.		son		☑ Yes
		son	<u>14</u>	☐ No ☑ Yes
		daughter	16	□ No ☑ Yes
		daughter	3	☐ No ☑ Yes
				¥2 Yes □ No
				Yes
Do your expenses include expenses of people other than yourself and your dependents?	☑ No □ Yes			
Part 2: Estimate Your Ongo	oing Monthly Expenses			
Estimate your expenses as of you expenses as of a date after the ba applicable date. Include expenses paid for with no	ir bankruptcy filing date unless you ankruptcy is filed. If this is a supplem on-cash government assistance if you dit on Schedule I: Your Income (Off	ental <i>Schedule J</i> , check the l u know the value of	olement in a Chapter 1 box at the top of the fo Your ex	orm and fill in the
	expenses for your residence. Include		1370/50 CEAN GOAL GOAL GOAL GOAL GOAL GOAL GOAL GOAL	2,600.00
any rent for the ground or lot.	•		4. \$	2,000.00
If not included in line 4:				0.00
4a. Real estate taxes			4a. \$	0.00
4b. Property, homeowner's, or			4b. \$	300.00
4c. Home maintenance, repair			4c. \$	0.00
<ol> <li>4d. Homeowner's association of</li> </ol>	or condominium dues		4d. \$	0.00

Debtor	1	Parnell First Name	Middle Name	Last Name	Colvin		Case number (# know	<sub>m)</sub> 21-	12012-abl		
21. <b>O</b>	ther.	. Specify:						21.	+\$	0.00	~
22. <b>C</b> í	alcul	late your mont	hly expenses.								
22	a. A	dd lines 4 throu	ıgh 21.					22a.	\$	3,075.00	
22	b. C	copy line 22 (mo	onthly expenses	for Debtor 2), if a	any, from Official For	m 106J-2		22b.	\$	0.00	
22	2c. A	dd line 22a and	I 22b. The resul	t is your monthly	expenses.			22c.	\$	3,075.00	
									Proposing aggregation and a second se		ı
23. Ca		•	nly net income.						\$	0.00	
23a	i. C	Copy line 12 (yo	our combined m	onthly income) fro	om Schedule I.			23a.	<b>V</b>	0.077.00	
23b	). (	Copy your mont	hly expenses fr	om line 22c above	э.			23b.	-\$	3,075.00	
230		•		s from your month	nly income.				\$	1,600.00	
	7	The result is you	ar monthly net in	icome.				23c.			_
Fo	геха	ample, do you e	expect to finish p increase or dec	eaying for your ca rease because of	enses within the ye r loan within the yeal a modification to the	r or do you ex e terms of you	pect your r mortgage?				
	Yes			an agus paramentan a anno an anno an anno an an Arbert St. At air Anno 1988 (1988) (1988) (1988)			AND AND ADDRESS OF THE PARTY OF			The second secon	
		1									
							grand and amount of the state o			ya ya maga maga manan manan manan Manad Mili Makkada Mil	

Debtor 1 Parnell Colvin Case number (# known) 21-12012-abl

			Your expe	nses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
	Utilities:			
0.	6a. Electricity, heat, natural gas	6a.	\$	75.00
	6b. Water, sewer, garbage collection	6b.	\$	100.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	0.00
	6d. Other. Specify:	6d.	\$	0.00
7.	Food and housekeeping supplies	7.	\$	300.00
8.	Childcare and children's education costs	8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	0.00
10.	Personal care products and services	10.	\$	0.00
10.	Medical and dental expenses	11.	\$	0.00
	- the state of the		_	70.00
12.	Do not include car payments.	12.	\$	
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
14.	Charitable contributions and religious donations	14.	\$	0.00
15.	Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	0.00
	15d. Other insurance. Specify:	15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	0.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other. Specify:	17c.	\$	0.00
	17d. Other. Specify:	17d.	\$	
18,	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
10	Other payments you make to support others who do not live with you.			
10.	Specify:	19.	\$	0.00
00	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	1e.		
20.		20a.	\$	0.00
	20a. Mortgages on other property	20b.	\$	0.00
	20b. Real estate taxes	20b. 20c.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20d.	\$	222.22
	20d. Maintenance, repair, and upkeep expenses	20a. 20e.	\$	
	20e. Homeowner's association or condominium dues	206.	Ψ	

n this information to identify	your case:			
or 1 Parnell	Middle Name	Colvin Last Name		
or 2				
se, if filing) First Name	Middle Name	Last Name		
ed States Bankruptcy Court for the:	District of Nebraska			
number <u>21-12012-abl</u> own)		<del></del>		☐ Check if this
				amended filin
two married people are filing			Debtor's Sched	aules 121'
ou must file this form whenev	y fraud in connection	cy schedules or amend n with a bankruptcy ca	ed schedules. Making a false stat ee can result in fines up to \$250,0	tement, concealing property, or 00, or imprisonment for up to 20
ou must file this form whenev taining money or property b	y fraud in connection	cy schedules or amend n with a bankruptcy ca	ed schedules. Making a false stat	tement, concealing property, or 00, or imprisonment for up to 20
ou must file this form whenever the staining money or property be ars, or both. 18 U.S.C. §§ 152  Sign Below  Did you pay or agree to page	y fraud in connection 2, 1341, 1519, and 35	cy schedules or amend n with a bankruptcy ca 71.	ed schedules. Making a false stat	tement, concealing property, or 00, or imprisonment for up to 20
ou must file this form whenever the staining money or property be ars, or both. 18 U.S.C. §§ 152  Sign Below  Did you pay or agree to pay	y fraud in connection 2, 1341, 1519, and 35	cy schedules or amend n with a bankruptcy ca 71.	ed schedules. Making a false state e can result in fines up to \$250,0 or can result in fines up to \$25	00, or imprisonment for up to 20
ou must file this form whenever the staining money or property be ars, or both. 18 U.S.C. §§ 152  Sign Below  Did you pay or agree to page	y fraud in connection 2, 1341, 1519, and 35	cy schedules or amend n with a bankruptcy ca 71.	ed schedules. Making a false stat e can result in fines up to \$250,0	00, or imprisonment for up
ou must file this form whenever the staining money or property be ars, or both. 18 U.S.C. §§ 152  Sign Below  Did you pay or agree to pay	y fraud in connection 2, 1341, 1519, and 35	cy schedules or amend n with a bankruptcy ca 71.	rou fill out bankruptcy Petition Prepare	00, or imprisonment for up to 2
Sign Below  Did you pay or agree to pay  No  Yes. Name of person	y fraud in connection 2, 1341, 1519, and 35  y someone who is No	cy schedules or amend n with a bankruptcy ca 71. OT an attorney to help	rou fill out bankruptcy Petition Prepare	00, or imprisonment for up to 2
Sign Below  Did you pay or agree to pay  Yes. Name of person	y fraud in connection 2, 1341, 1519, and 35  y someone who is No	cy schedules or amend n with a bankruptcy ca 71. OT an attorney to help	rou fill out bankruptcy forms?  Attach Bankruptcy Petition Prepare Signature (Official Form 119).	00, or imprisonment for up to 20

Date MM / DD / YYYY

Date 05/17/2021 MM / DD / YYYY

Debtor	1	Parnell First Name Middle Name	Colvin Last Name		Case number (# known) 21-12012-abl
		Additional Page to Lis	t More Codebtors		
(	Columi	n 1: Your codebtor			Column 2: The creditor to whom you owe the debt
					Check all schedules that apply:
3					Schedule D, line
	Name				☐ Schedule E/F, line
	Numbe	r Street			Schedule G, line
: :	City		State	ZIP Code	
3		e ong ta than take anakan angan ann ann ann an an angan ping tha germannyaya par an apara fi agan baharbaya bi			
	Name				Schedule D, line
					Schedule E/F, line
A Company of the Comp	Numbe	er Street			Schedule G, line
	City		State	ZIP Code	
3					Schedule D, line
	Name				Schedule E/F, line
		Charal		<u>,</u>	Schedule G, line
	Numbe	er Street			·
	City		State	ZIP Code	
3					Cebadula D. lina
	Name				Schedule D, line
400					Schedule G, line
	Numbe	er Street			Concede C, into
Ь	City		State	ZIP Code	
3					Schedule D, line
	Name				Schedule E/F, line
	Numbe	er Street			── Schedule G, line
	City		State	ZIP Code	
3					Schedule D, line
-	Name				☐ Schedule E/F, line
and the state of t	Numbe	er Street			Schedule G, line
	City		State	ZIP Code	
	City		Side	ZH COUG	
3	Name				Schedule D, line
İ	Hamo				☐ Schedule E/F, line
	Numbe	er Street			Schedule G, line
			Chala	7ID Code	
3	City		State	ZIP Code	
	Name				Schedule D, line
					Schedule E/F, line
-	Numbe	er Street			Schedule G, line
i				710.0.1	

Colvin Last Name		
Last Name		
		☐ Check if this is an
		amended filing
irs for Indiv	iduals Filing for Bankrupto	<b>y</b> 04/1
Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
	Same as Debtor 1	lived there
	☐ Same as Debtor 1	
lived there		lived there  Same as Debtor
lived there	☐ Same as Debtor 1	lived there  Same as Debtor  From
lived there	☐ Same as Debtor 1	lived there  Same as Debtor  From
lived there	Same as Debtor 1  Number Street	lived there  Same as Debtor  From  To
lived there	Same as Debtor 1  Number Street  City State ZIP Code  Same as Debtor 1	lived there  Same as Debtor  From  To
lived there	Same as Debtor 1  Number Street  City State ZIP Code	lived there  ☐ Same as Debtor  From  To  ☐ Same as Debtor
Iived there	Same as Debtor 1  Number Street  City State ZIP Code  Same as Debtor 1	Iived there  Same as Debtor  From  To  Same as Debtor
	arried people are filing arate sheet to this for tatus and Where Yere other than where y	airs for Individuals Filing for Bankrupto  arried people are filing together, both are equally responsible for supple arate sheet to this form. On the top of any additional pages, write your status and Where You Lived Before  are other than where you live now?  3 years. Do not include where you live now.

page 1

First Name Middle Name L	Colvin ast Name	Case nu	mber (# known) 21-12012-ab	1
Did you have any income from employm	ont or from operating a h	usiness during this year	or the two previous cale	ndar years?
Fill in the total amount of income you receively you are filing a joint case and you have in	ved from all jobs and all bu	sinesses, including part-tir	me activities.	,
<ul><li>✓ No</li><li>✓ Yes. Fill in the details.</li></ul>				
	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year unti	Wages, commission	s, <b>s</b>	Wages, commissions, bonuses, tips	\$
the date you filed for bankruptcy:	bonuses, tips  Operating a busines	s	Operating a business	
For last calendar year:	☐ Wages, commission	s,	☐ Wages, commissions,	
(January 1 to December 31,2020	bonuses, tips  Operating a busines	\$	bonuses, tips  Operating a business	\$
YYYY				
For the calendar year before that:	☐ Wages, commission bonuses, tips	s,	Wages, commissions, bonuses, tips	Φ.
(January 1 to December 31, 2019	)	\$ ss	Operating a business	\$
Include income regardless of whether that unemployment, and other public benefit pagambling and lottery winnings. If you are fi	income is taxable. Example ayments; pensions; rental in illing a joint case and you ha	es of other income are alincome; interest; dividends ave income that you receive	e; money collected from law ved together, list it only onc	suits; royalties; and
unemployment, and other public benefit pa	income is taxable. Example ayments; pensions; rental in illing a joint case and you ha	es of other income are alincome; interest; dividends ave income that you receive	e; money collected from law ved together, list it only onc	suits; royalties; and
Include income regardless of whether that unemployment, and other public benefit pagambling and lottery winnings. If you are fill List each source and the gross income from No	income is taxable. Example ayments; pensions; rental in illing a joint case and you ha	es of other income are alincome; interest; dividends ave income that you receive	e; money collected from law ved together, list it only onc	suits; royalties; and
Include income regardless of whether that unemployment, and other public benefit pagambling and lottery winnings. If you are fill List each source and the gross income from No	income is taxable. Example ayments; pensions; rental in the solution of the so	es of other income are alincome; interest; dividends ave income that you receive	i; money collected from law ved together, list it only onc at you listed in line 4.	suits; royalties; and e under Debtor 1.  Gross income from each source
Include income regardless of whether that unemployment, and other public benefit pagambling and lottery winnings. If you are fit List each source and the gross income from No Yes. Fill in the details.	income is taxable. Example ayments; pensions; rental in liling a joint case and you have meach source separately.  Debtor 1  Sources of Income Describe below.	es of other income are alincome; interest; dividends ave income that you receive the properties of the	e; money collected from law ved together, list it only onc at you listed in line 4.  Debtor 2  Sources of Income Describe below.	suits; royalties; and e under Debtor 1.  Gross income from each source (before deductions ar exclusions)
Include income regardless of whether that unemployment, and other public benefit pagambling and lottery winnings. If you are fill List each source and the gross income from No	income is taxable. Example ayments; pensions; rental in liling a joint case and you have meach source separately.  Debtor 1  Sources of Income Describe below.	es of other income are alincome; interest; dividends ave income that you receive the properties of the	e; money collected from law ved together, list it only onc at you listed in line 4.  Debtor 2  Sources of Income Describe below.	suits; royalties; and e under Debtor 1.  Gross income from each source (before deductions ar exclusions)
Include income regardless of whether that unemployment, and other public benefit pagambling and lottery winnings. If you are fit List each source and the gross income from No  Yes. Fill in the details.  From January 1 of current year un	income is taxable. Example ayments; pensions; rental in liling a joint case and you have meach source separately.  Debtor 1  Sources of Income Describe below.	es of other income are alincome; interest; dividends ave income that you receive the properties of the	e; money collected from law ved together, list it only onc at you listed in line 4.  Debtor 2  Sources of Income Describe below.	suits; royalties; and e under Debtor 1.  Gross income from each source (before deductions ar exclusions)
Include income regardless of whether that unemployment, and other public benefit pagambling and lottery winnings. If you are fit List each source and the gross income from No  Yes. Fill in the details.  From January 1 of current year unthe date you filed for bankruptcy:	income is taxable. Example ayments; pensions; rental in liling a joint case and you have meach source separately.  Debtor 1  Sources of Income Describe below.	es of other income are alincome; interest; dividends ave income that you receive the properties of the	pettor 2  Sources of income Describe below.	suits; royalties; and e under Debtor 1.  Gross income from each source (before deductions ar exclusions)
Include income regardless of whether that unemployment, and other public benefit pagambling and lottery winnings. If you are fit List each source and the gross income from No Yes. Fill in the details.  From January 1 of current year unthe date you filed for bankruptcy:	income is taxable. Example ayments; pensions; rental in illing a joint case and you have meach source separately.  Debtor 1  Sources of income Describe below.	es of other income are alincome; interest; dividends ave income that you received the properties of th	pettor 2  Sources of income Describe below.	suits; royalties; and e under Debtor 1.  Gross income from each source (before deductions ar exclusions)
Include income regardless of whether that unemployment, and other public benefit pagambling and lottery winnings. If you are fit List each source and the gross income from No Yes. Fill in the details.  From January 1 of current year unthe date you filed for bankruptcy:	income is taxable. Example ayments; pensions; rental in illing a joint case and you have meach source separately.  Debtor 1  Sources of income Describe below.	es of other income are alincome; interest; dividends ave income that you received to not include income that the service of th	pettor 2  Sources of income Describe below.	suits; royalties; and e under Debtor 1.  Gross income from each source (before deductions ar exclusions)
Include income regardless of whether that unemployment, and other public benefit pagambling and lottery winnings. If you are fit List each source and the gross income from No Yes. Fill in the details.  From January 1 of current year unthe date you filed for bankruptcy:  For last calendar year:  (January 1 to December 31,2020	income is taxable. Example ayments; pensions; rental in illing a joint case and you have meach source separately.  Debtor 1  Sources of Income Describe below.  unemployment  unemployment	es of other income are alincome; interest; dividends ave income that you received the income that you received the income that you received the income that you receive th	r; money collected from law ved together, list it only once at you listed in line 4.  Debtor 2  Sources of income Describe below.	suits; royalties; and e under Debtor 1.  Gross income from each source (before deductions ar exclusions)
Include income regardless of whether that unemployment, and other public benefit pagambling and lottery winnings. If you are fit List each source and the gross income from No Yes. Fill in the details.  From January 1 of current year unthe date you filed for bankruptcy:	income is taxable. Example ayments; pensions; rental in illing a joint case and you have meach source separately.  Debtor 1  Sources of Income Describe below.  unemployment  unemployment	es of other income are alincome; interest; dividends ave income that you received the income that you received the income that you received the income that you receive the income the income that you receive the income the income that you receive the income the income that you recei	r; money collected from law ved together, list it only once at you listed in line 4.  Debtor 2  Sources of income Describe below.	suits; royalties; and e under Debtor 1.  Gross income from each source (before deductions ar exclusions)

Debtor 1	Parnell First Name Middle Name	Last Name	Colvin	Case n	umber (# known) 21-12012-ab	ol .
	•					
Part 3:	List Certain Payment	s You Made Befo	re You Filed	for Bankruptcy		
e Arooi	ther Debtor 1's or Debtor 2	'e dobte primarily c	onsumer debt	s?		
					e defined in 11 U.S.C. § 101	(8) as
110	"incurred by an individual  During the 90 days before	primarily for a perso	nal, family, or h	ousehold purpose."		
	☑ No. Go to line 7.					
	total amount you child support an	ı paid that creditor. D d alimony. Also, do n	o not include p ot include payn	ayments for domestic su nents to an attorney for t		
	* Subject to adjustment of	n 4/01/22 and every	3 years after th	at for cases filed on or a	fter the date of adjustment.	
☐ Ye	es. Debtor 1 or Debtor 2 or				\$600 or mara?	
	During the 90 days befor	e you filed for bankru	iptcy, did you p	ay any creditor a total of	\$600 or more?	
	No. Go to line 7.					
	creditor. Do not	include payments for	r domestic supp	\$600 or more and the to out obligations, such as ey for this bankruptcy ca	otal amount you paid that child support and see.	
			Dates of payment	Total amount paid	Amount you still owe	Was this payment for
				\$	\$	☐ Mortgage
	Creditor's Name					☐ Car
	Number Street					Credit card
						Loan repayment
						Suppliers or vendors
	City	State ZIP Code				☐ Other
					_	
	Creditor's Name			\$	\$	Mortgage
	Ofection o Figure					☐ Car
	Number Street					Credit card
						Loan repayment
						Suppliers or vendors
	City	State ZIP Code	•			☐ Other
				\$	\$	☐ Mortgage
	Creditor's Name			·		Car
						Credit card
	Number Street					Loan repayment
						Suppliers or vendors
			_			Other
	City	State ZIP Code	=			

	Parnell First Name Middle Na	me Last Name	Colvin		Case number (# known) 2	21-12012-abi
Inside corpo agen such	ers include your relatives orations of which you are it, including one for a bus as child support and ali	e an officer, director, perso siness you operate as a so	latives of any on in control, or	general partners; pa owner of 20% or n	artnerships of which nore of their voting	ho was an insider?  In you are a general partner;  In securities; and any managing  Induction domestic support obligations,
O Y	lo /es. List all payments to	an insider.	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
	Insider's Name			\$	\$	
	Number Street					
	City	State ZIP Code				
	Insider's Name			\$	\$	
	Number Street					
	City	State ZIP Code				i
an ii Inclu	nin 1 year before you fil nsider? ude payments on debts g	ed for bankruptcy, did y		payments or trans Total amount paid	efer any property o Amount you still owe	n account of a debt that benefited  Reason for this payment Include creditor's name
an i Inclu	nin 1 year before you fil nsider? ude payments on debts o	ed for bankruptcy, did y	/ an insider.  Dates of	Total amount	Amount you still	Reason for this payment
an i Inclu	in 1 year before you fil nsider? ude payments on debts o No Yes. List all payments th	ed for bankruptcy, did y	/ an insider.  Dates of	Total amount	Amount you still owe	Reason for this payment
an i Inclu	nsider?  ude payments on debts on the payments on debts on the payments on debts on the payments the payments the payments the payments of the	ed for bankruptcy, did yoguaranteed or cosigned by at benefited an insider.	/ an insider.  Dates of	Total amount	Amount you still owe	Reason for this payment
an ii Inclu	nin 1 year before you fil nsider? ude payments on debts o No Yes. List all payments th	ed for bankruptcy, did y	/ an insider.  Dates of	Total amount paid	Amount you still owe	Reason for this payment
an ii Inclu	nsider?  ude payments on debts on the payments on debts on the payments on debts on the payments the payments the payments the payments of the	ed for bankruptcy, did yoguaranteed or cosigned by at benefited an insider.	/ an insider.  Dates of	Total amount	Amount you still owe	Reason for this payment
an in	nin 1 year before you file nsider?  Jude payments on debts of the payments on debts of the payments the payments the large of the payments the large of the payments of the pa	ed for bankruptcy, did yoguaranteed or cosigned by at benefited an insider.	/ an insider.  Dates of	Total amount paid	Amount you still owe	Reason for this payment

otor 1	Parnell		Colvin	Case number (if known)	1-12012-abl	
	First Name Middle Name	Last Name				
art 4						
List	nin 1 year before you filed for all such matters, including pers contract disputes.	bankruptcy, were onal injury cases, s	you a party in any la mall claims actions, o	awsuit, court action, or adminidivorces, collection suits, paternit	strative procee y actions, suppo	ding? ort or custody modificatio
<b>d</b> 1						
<b>L</b>	Yes. Fill in the details.	Nature	of the case	Court or agency		Status of the case
	Case title			Court Name		Pending
	Oddo Bilo			<del></del>		On appeal
				Number Street	· · · · · · · · · · · · · · · · · · ·	Concluded
	Case number			City State	ZIP Code	
	Case title			Court Name		— Pending
		) h		:		On appeal Concluded
		:		Number Street		Concluded
	Case number	-		City State	ZIP Code	
	Yes. Fill in the information belo	ow.	Describe the prop	ertv	Date	Value of the property
	Creditor's Name				i	<u> </u>
	Number Street		Explain what happ	pened		
			☐ Property wa	s repossessed.		
			Property wa	s foreclosed.		
				s garnished.		
	City	State ZIP Code	Property wa  Describe the prop	s attached, seized, or levied.	Date	Value of the proper
	Creditor's Name		<del>-</del>		I	\$
	Number Street					
	Number Street		Explain what hap	pened		
				as repossessed.		
				as foreclosed. as garnished.		
	City	State ZIP Code		is gamisned. is attached, seized, or levied.		

ог 1	Parnell First Name Middle Name Last N.	Colvin	Case number (if known) 21	-12012-abl	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Wit	hin 90 days before you filed for bankrup	tcy, did any creditor, includin	g a bank or financial institutio	n, set off any an	nounts from your
	ounts or refuse to make a payment beca No	ause you owed a debt?			
	Yes. Fill in the details.				
		Describe the action the credito		Date action was taken	Amount
	Creditor's Name				
	Number Street		i:		\$
	City State ZIP Code	Last 4 digits of account numb			
		•			
Nii cre	thin 1 year before you filed for bankrupte ditors, a court-appointed receiver, a cus	cy, was any of your property i stodian, or another official?	n the possession of an assign	ee for the benef	it of
	No	,			
	Yes				
	List Certain Gifts and Contribu	4:			
_					
	hin 2 years before you filed for bankrup	tcy, did you give any gifts wit	h a total value of more than \$6	00 per person?	
	No				
ч	Yes. Fill in the details for each gift.				
	Gifts with a total value of more than \$600 per person	Describe the gifts		Dates you gave the gifts	Value
	Person to Whom You Gave the Gift	: i	į		\$
					\$
		•			
	Number Street	3			
		• •			
	City State ZIP Code		!		
	Person's relationship to you				
	Gifts with a total value of more than \$600	Describe the gifts		Dates you gave the gifts	Value
	per person	The state of the s	A CONTRACTOR OF THE PARTY OF TH	ino grito	
		• i			
	Person to Whom You Gave the Gift				\$
					\$
		-			\$ \$
		-1			\$ \$
	Number Street	- I			\$ \$
	Number Street  City State ZIP Code	-: -: -:			\$ \$
		-! -! -!			\$ \$

Parnell First Name Middle Name La	Colvin Case nu	mber (# known) 21-12012-abl	
	uptcy, did you give any gifts or contributions wit	h a total value of more than \$60	00 to any charity?
No			
Yes. Fill in the details for each gift or co	ntribution.		
Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
			\$
Charity's Name			
	— <u>;</u>		\$
Number Street		I and the second	
City State ZIP Code		and the state of t	
6: List Certain Losses			
	iptcy or since you filed for bankruptcy, did you l	ose anything because of theft,	fire, other
saster, or gambling?			
No			
Yes. Fill in the details.			
Describe the property you lost and	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
how the loss occurred	Include the amount that insurance has paid. List pen claims on line 33 of Schedule A/B: Property.	ding insurance	
			\$
- 1			
7: List Certain Payments or Tra	ansfers		
		- If we want and a series and a	v to anyone
/ithin 1 year before you filed for bankri ou consulted about seeking bankrupto	uptcy, did you or anyone else acting on your beh	iait pay of transfer any propert	y to anyone
iclude any attorneys, bankruptcy petition	preparers, or credit counseling agencies for service	s required in your bankruptcy.	
<b>₫</b> No			
Yes. Fill in the details.			
	Description and value of any property transferred	d Date payment or	Amount of paym
		transfer was made	
Person Who Was Paid			
Number Street	<del>-</del>		\$
			\$
	— :		
City State ZIP Code	*	ı	
Email or website address	_		
Email or website address	- i		
Email of Frederic dataset			

Parnell First Name Middle Name Last N	Colvin	Case number (if know	<sub>vn)</sub> 21-12012-abl	
	Description and value of any property	transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid				¢
Number Street			1	Ψ
Number Street			i	\$
City State ZIP Code				
Email or website address			!	
Person Who Made the Payment, if Not You				
No Yes. Fill in the details.	Description and value of any property	y transferred	Date payment or transfer was	Amount of payme
Person Who Was Paid			made	
Number Street	- !			\$
	• . !			\$
City State ZIP Code				
hin 2 years before you filed for bankru	proy, and you con, made, or canonic			
nin 2 years before you flied for bankful nsferred in the ordinary course of your ude both outright transfers and transfers in not include gifts and transfers that you ha No Yes. Fill in the details.	business or financial affairs? made as security (such as the granting	of a security interes	perty or payments received	pperty).
nsferred in the ordinary course of your ude both outright transfers and transfers in not include gifts and transfers that you ha No	business or financial affairs? made as security (such as the granting ave already listed on this statement.  Description and value of property	g of a security interes	perty or payments received	operty). d Date transfer
nsferred in the ordinary course of your ude both outright transfers and transfers in not include gifts and transfers that you ha No Yes. Fill in the details.	business or financial affairs? made as security (such as the granting ave already listed on this statement.  Description and value of property	g of a security interes	perty or payments received	operty). d Date transfer
nsferred in the ordinary course of your ude both outright transfers and transfers in not include gifts and transfers that you hat No Yes. Fill in the details.  Person Who Received Transfer	business or financial affairs? made as security (such as the granting ave already listed on this statement.  Description and value of property	g of a security interes	perty or payments received	operty). d Date transfer
nsferred in the ordinary course of your ude both outright transfers and transfers in not include gifts and transfers that you ha No Yes. Fill in the details.  Person Who Received Transfer  Number Street	business or financial affairs? made as security (such as the granting ave already listed on this statement.  Description and value of property	g of a security interes	perty or payments received	operty). d Date transfer
nsferred in the ordinary course of your ude both outright transfers and transfers in not include gifts and transfers that you ha No Yes. Fill in the details.  Person Who Received Transfer  Number Street  City State ZIP Code	business or financial affairs? made as security (such as the granting ave already listed on this statement.  Description and value of property	g of a security interes	perty or payments received	operty). d Date transfer
nsferred in the ordinary course of your ude both outright transfers and transfers in not include gifts and transfers that you ha No Yes. Fill in the details.  Person Who Received Transfer  Number Street  City State ZIP Code  Person's relationship to you	business or financial affairs? made as security (such as the granting ave already listed on this statement.  Description and value of property	g of a security interes	perty or payments received	operty). d Date transfer
nsferred in the ordinary course of your ude both outright transfers and transfers in not include gifts and transfers that you ha No Yes. Fill in the details.  Person Who Received Transfer  Number Street  City State ZIP Code  Person's relationship to you  Person Who Received Transfer	business or financial affairs? made as security (such as the granting ave already listed on this statement.  Description and value of property	Describe any pro or debts paid in e	perty or payments received	operty). d Date transfel

tor 1	Parnell First Name Midd	die Name Last Nam	Colvin	Case number (if know	<sub>n)</sub> 21-12012-abl	
With are	a beneficiary? (Thes	ou filed for bankrupto e are often called asse	cy, did you transfer any propert et-protection devices.)	y to a self-settled trust	or similar device of w	hich you
	ทo Yes. Fill in the details					
			Description and value of the proper	ty transferred		Date transfer was made
	Name of trust					
rt 8	List Certain Fir	nancial Accounts,	Instruments, Safe Deposit	Boxes, and Storage	• Units	
cio: Incl bro	sed, sold, moved, or lude checking, savir kerage houses, pen No	transferred? ngs, money market, o sion funds, cooperati	r, were any financial accounts or other financial accounts; certives, associations, and other fir	ficates of deposit; sha		
J	Yes. Fill in the detai	is.	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance befo
	Name of Financial Institu	ution	xxxx	Checking		\$
	Number Street			Savings  Money market		
		1000000		Brokerage		
	City	State ZIP Code		Other		
	Name of Financial Institu	utlon	xxxx	☐ Checking ☐ Savings		\$
	Number Street			Money market		
				☐ Brokerage		
				☐ Other		
	City	State ZIP Code				
sec	you now have, or di curities, cash, or oth No Yes. Fill in the deta	er valuables?	rear before you filed for bankru	picy, any sale deposit	DOX OF OTHER REPOSITOR	<b>y</b> 101
		···	Who else had access to it?	Describe th	e contents	Do you st have it?
	Name of Financial Instit	tution	Name	)		☐ No ☐ Yes
	31,		- was 650			4
	Number Street		Number Street			
			City State ZIP Code	· t		1

· 1	Parnell			Colvin		Case number (#k	<sub>nown)</sub> 21-12012-ab	
	First Name	Middle Name	Last Name					
ave y	ou stored pro	perty in a storaç	ge unit or pl	ace other than yo	our home within	1 year before you	u filed for bankrupt	cy?
1 No								
<b>.i</b> Ye	es. Fill in the de	etails.	W	Vho else has or had	access to it?	Describe t	the contents	Do you st
								have it?
-	Name of Storage Fa	acility		ame				☐ No ☐ Yes
		,						
Ī	Number Street		N	lumber Street				İ
				ityState ZIP Code				!
	City	State ZIP	Code					1
	_							
t 9:	Identify	Property You	Hold or C	control for Som	eone Eise			
)o v	ou hold or con	trol any propert	y that some	one else owns?	Include any pro	perty you borrow	ed from, are storing	g for,
or ho	old in trust for		•					
Ø N								
<b>_</b> Y	es. Fill in the o	tetails.	101	/here is the property	a	Describe	the property	Value
			VV	nere is the property	, ,	Describe	tile property	
	Owner's Name		WAY STORY			·		<b>. s</b>
	Owner's Name		No	mbar Street		-		\$
	Owner's Name  Number Street	1100000	Nu	mber Street				\$
								\$
		State ZIF	Nui		State ZIP C	ode		\$
	Number Street		City			ode		\$
rt 10	Number Street  City  Give De	tails About E	City Code	y ntal Information		ode		\$
<b>-t 1</b> (	Number Street  City  Give Depurpose of Pa	tails About E	City Code nvironmen	y ntal information ons apply:	n		contamination rol	\$
the Envi	Number Street  City  Give De  purpose of Pa  fronmental law  ardous or toxic	rt 10, the following means any feders substances, we	Code City  NVIronmenting definition  eral, state, coastes, or ma	n <b>tal informatio</b> ons apply: or local statute or aterial into the air	regulation con	cerning pollution,	, contamination, rel dwater, or other me	eases of edium,
t 10 the Envi naza	City  Give De  purpose of Pa  ironmental law  ardous or toxic  uding statutes	rt 10, the follow means any fede substances, wa or regulations c	P Code  City  nvironmen  ing definition eral, state, coastes, or ma	ntal information ons apply: or local statute or aterial into the air the cleanup of the	regulation con , land, soil, sur ese substances	cerning pollution, face water, ground , wastes, or mater	dwater, or other me ial.	edium,
the Envi	City  Give De  purpose of Pa  ironmental law  ardous or toxic  uding statutes  means any loc	rt 10, the follow means any fede substances, wa or regulations c ation, facility, o	rvironmenting definition eral, state, or macontrolling to run property a	ntal information ons apply: or local statute or aterial into the air the cleanup of the	regulation con , land, soil, sur see substances any environme	cerning pollution, face water, ground , wastes, or mater	dwater, or other me	edium,
t 10 Envi naza nclu Site	City  Give De  purpose of Pa  pronmental law  pridous or toxic  uding statutes  means any loc  ze it or used to	rt 10, the follow means any fede substances, we or regulations o ation, facility, o own, operate, o	r Code  City  real, state, or macontrolling to reproperty a property a controllize it, in the controllize it, in t	ntal information ons apply: or local statute or aterial into the air the cleanup of the as defined under a	regulation con , land, soil, sur se substances any environmen al sites.	cerning pollution, face water, ground , wastes, or mater ntal law, whether y	dwater, or other me rial. you now own, oper	edium, ate, or
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Parnell First Name Middle Name I	Colvin  Last Name	Case number (# known) 21-12012-abl	
e you notified any governmental uni	t of any release of hazardous mater	ial?	
No			
Yes. Fill in the details.			<b></b>
	Governmental unit	Environmental law, if you know it	Date of notice
Name of olde	Governmental unit	<b>-</b> }	
Name of site			0 M (M (M (M ) M ) M (M
Number Street	Number Street		
	City State ZIP Code	-	
City State ZIP Code			
	- desiniate attractive annual dispersion of	ov onvironmental law? Include settlement	s and orders
	auministrative proceeding under a	ny environmental law? Include settlement	
No			
Yes. Fill in the details.			D&=&£41
	Court or agency	Nature of the case	Status of th case
Case title	Court Name		Pending
	vous mano		On appe
	Number Street	<del></del>	☐ Conclud
Case number	City State ZIP C	ode	
	•		
thin 4 years before you filed for ball  A sole proprietor or self-employ  A member of a limited liability c  A partner in a partnership	red in a trade, profession, or other a		,
•	a evecutive of a corneration		
An officer, director, or managin		and the m	
An owner of at least 5% of the v	oting or equity securities of a corpo	pration	
No. None of the above applies. Go			
Yes. Check all that apply above and			
		ess Employer Identification	
	d fill in the details below for each bu		
Yes. Check all that apply above and	d fill in the details below for each bu	ess Employer Identification	ecurity number or ITIN
Yes. Check all that apply above and	d fill in the details below for each bu	ess Employer Identification  Do not include Social S  EIN:	ecurity number or ITIN
Yes. Check all that apply above and Business Name	d fill in the details below for each bu	EIN:	ecurity number or ITIN
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First Name Mide	Idie Name Last N	Colvin	Case number (# known) 21-12012-abl
			Employer Identification number
		Describe the nature of the business	Do not include Social Security number or ITIN.
Business Name			
			EIN:
Number Street		Name of accountant or bookkeeper	Dates business existed
		and the second s	
			From To
City	State ZIP Code		
		THE RESIDENCE OF THE PROPERTY	
this 2 years before y	ou filed for hankrup	toy did you give a financial stater	ment to anyone about your business? Include all financial
tnin 2 years before yo stitutions, creditors, c		icy, did you give a imancial state.	mont to anyone about your business.
No	•		
No Yes. Fill in the detai	ils helow.		
res. I iii iii tile detai		<b>B</b> ( ) so d	
		Date issued	
Name		MM / DD / YYYY	
Number Street			
City	State ZIP Code	-	
,			
12: Sign Below			
have road the answe	ers on this Statemen	nt of Financial Affairs and any atta	achments, and I declare under penalty of perjury that the concealing property, or obtaining money or property by frau
have read the answernswers are true and	correct. I understa bankruptcy case ca	nd that making a false statement, o	achments, and I declare under penalty of perjury that the concealing property, or obtaining money or property by frau r imprisonment for up to 20 years, or both.
have read the answe	correct. I understa bankruptcy case ca	nd that making a false statement, o	concealing property, or obtaining money or property by trau
have read the answernswers are true and	correct. I understa bankruptcy case ca	nd that making a false statement, o	concealing property, or obtaining money or property by trau
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have read the answers are true and in connection with a list U.S.C. §§ 152, 134	correct. I understal bankruptcy case ca 1, 1519, and 3571.	nd that making a false statement, on result in fines up to \$250,000, or	concealing property, or obtaining money or property by frau r imprisonment for up to 20 years, or both.
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have read the answernswers are true and connection with a least U.S.C. §§ 152, 1347  Signature of Debtor Date 05/17/2021  Did you attach additionally yes  Did you pay or agree	torrect. I understall bankruptcy case ca 1, 1519, and 3571.	nd that making a false statement, on result in fines up to \$250,000, or  Signature of Debt	concealing property, or obtaining money or property by frau r imprisonment for up to 20 years, or both.  tor 2  Individuals Filing for Bankruptcy (Official Form 107)?
have read the answernswers are true and in connection with a last U.S.C. §§ 152, 134.  Signature of Debtor	to pay someone wh	nd that making a false statement, on result in fines up to \$250,000, or Signature of Debt	concealing property, or obtaining money or property by frau r imprisonment for up to 20 years, or both.  tor 2  Individuals Filing for Bankruptcy (Official Form 107)?

Fill in this information to ider	ntify your case:	Calvin	Check one box only Form 122A-1Supp:	as directed in this form and in
Debtor 1 Parnell First Name	Middle Name	Colvin Last Name	1. There is no pre	sumption of abuse.
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name	2. The calculation	to determine if a presumption of
United States Bankruptcy Court for t	he: District of Nevada		abuse applies	will be made under Chapter 7 alculation (Official Form 122A–2).
Case number 21-12012-abl	and plottlet of Hovada	insperi	i	st does not apply now because of
(If known)				ry service but it could apply later.
			☐ Check if this is	an amended filing
Official Form 122A	<b>_1</b>			
		ır Current Mon	thly income	04/2
dditional pages, write your na o not have primarily consum buse Under § 707(b)(2) (Offic	ame and case number (if er debts or because of qu ial Form 122A-1Supp) wi	known). If you believe that you believe that you walifying military service, con the this form.	ou are exempted from a p	ation applies. On the top of any resumption of abuse because you of Exemption from Presumption o
Part 1: Calculate You	r Current Monthly Inco	ome		
1. What is your marital and		only.		
Not married. Fill out		ill out both Columns A and B, li	nae 2-11	
		ou. You and your spouse are		
		ot legally separated. Fill out bo		2-11.
☐ Living separate	iv or are legally separate	d. Fill out Column A. lines 2-11	: do not fill out Column B. E	ly checking this box, you declare
under penalty of spouse are living	perjury that you and your s g apart for reasons that do	spouse are legally separated ur not include evading the Means	nder nonbankruptcy law tha Test requirements. 11 U.S	t applies or that you and your .C. § 707(b)(7)(B).
bankruptcy case. 11 U.S August 31. If the amount Fill in the result. Do not in	S.C. § 101(10A). For example of your monthly income valid and income amount.	vived from all sources, derive ple, if you are filing on Septemb ried during the 6 months, add t more than once. For example, I have nothing to report for any	per 15, the 6-month period on the income for all 6 months if both spouses own the sa	would be March 1 through and divide the total by 6.
A service and the service and			Column A Debtor 1	Column B Debtor 2 or non-filing spouse
Your gross wages, sala     (before all payroll deduct)	ions).		\$ <u>1,600.0</u> 0	\$
Column B is filled in.		ude payments from a spouse if	Ψ	\$
of you or your depende	ents, including child supp er, members of your housel	y paid for household expense ort. Include regular contribution hold, your dependents, parents a spouse only if Column B is no 3.	ns ,	\$
filled in. Do not include p				
filled in. Do not include p  5. Net income from opera or farm		on, Debtor 1 Debtor 2 \$ 0.00 \$		
filled in. Do not include p  5. Net income from opera	I deductions)	Deptor 1 Deptor 2		

Debtor 2

Copy here

0.00

0.00

Debtor 1

- \$<u>0.0</u>0 - \$

0.00

6. Net income from rental and other real property Gross receipts (before all deductions)

Ordinary and necessary operating expenses

7. Interest, dividends, and royalties

Net monthly income from rental or other real property

tor 1	Parnell	Col	vin	Case nur	mber (if known) 21	-12012-abl	
JI 1	First Name Middle Name	Last Name					
					umn A otor 1	Column B Debtor 2 or non-filing spouse	
. <b>U</b>	nemployment compensation			\$_	1,600.00	\$	
D	o not enter the amount if you cont nder the Social Security Act. Inste	end that the amount rece	ived was a benefit				
	For you	\$	0.00				
	For your spouse						
n U d p d	Pension or retirement income. Do benefit under the Social Security Act oot include any compensation, pen- Juited States Government in conne lisability, or death of a member of the pay paid under chapter 61 of title 14 loes not exceed the amount of retired etired under any provision of title 1	ot. Also, except as stated sion, pay, annuity, or allo ection with a disability, co he uniformed services. If 0, then include that pay o red pay to which you wou 0 other than chapter 61 of 10 other than chapter 61 other 61 oth	in the next sentence, do wance paid by the mbat-related injury or you received any retired inly to the extent that it ald otherwise be entitled if of that title.	\$_	0.00	\$	
10. li ti N c a p	ncome from all other sources no not include any benefits received un he Federal law relating to the national National Emergencies Act (50 U.S. disease 2019 (COVID-19); payment orgainst humanity, or international organ, annuity, or allowance paid by disability, combat-related injury or of the sources. If necessary, list other sources.	at listed above. Specify the transport of the social Security / sonal emergency declared C. 1601 et seq.) with results received as a victim or domestic terrorism; or controlled States Governisability, or death of a militage of the United States Governisability, or death of a militage of the United States Governisability, or death of a militage of the United States Governisability, or death of a militage of the United States Governisability, or death of a militage of the United States Governisability.	the source and amount. D Act; payments made under by the President under the pect to the coronavirus f a war crime, a crime compensation, pension, ument in connection with a tember of the uniformed	r 1e			
	services. If ficoessary, not out of			\$_	0.00	\$	
				\$_	0.00	\$	
	Total amounts from separate page	es, if any.		+\$	0.00	+ \$	
(	Calculate your total current mon column. Then add the total for Column.  Determine Whether the	ımn A to the total for Coli	umn B.	\$	1,600.00	+ \$	Total current monthly income
	Calculate your current monthly in 12a. Copy your total current month				Ca	ppy line 11 here	\$ 6,097.00
	Multiply by 12 (the number of			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			x 12
		• •	nrm			12b.	\$ 6.097.00
	12b. The result is your annual inc	ome for this part of the re	71111-				, min grag, eggagjang anyan menenanakan and dibibbi dibi minimbi
13.	Calculate the median family inco	me that applies to you.	Follow these steps:				
İ	Fill in the state in which you live.	1	levada				
	Fill in the number of people in your	household. 5					
	Fill in the median family income for To find a list of applicable median instructions for this form. This list r	ncome amounts, go onli	ne using the link specified	in the s		13.	\$0.00
14.	How do the lines compare?						
	Line 12b is less than or ed Go to Part 3. Do NOT fill	qual to line 13. On the to out or file Official Form 1	p of page 1, check box 1, 22A-2	There is	s no presumptio	on of abuse.	
	14b. Line 12b is more than line		1, check box 2, <i>The presu</i>	mption (	of abuse is dete	ermined by Form 12:	2 <b>A-2</b> .

# Case 21-12012-abl Doc 19 Entered 05/20/21 09:40:16 Page 47 of 56

Debtor 1	Parnell First Name	Middle Name	Last Name	Colvin	Case number (# known) 21-12012-abl
Part 3:	Sign Be	low			
	By signing	here, I declare	upder penalty of p	perjury that the inform	ation on this statement and in any attachments is true and correct.
Mark to the control of the control o	Signatu	re of Debtor 1			Signature of Debtor 2
Orio / in Obsessabiliti Objessabiliti		5/17/2021 M / DD / YYYY	_		Date
**************************************	If you	checked line 14a	, do NOT fill out	or file Form 122A-2.	
	If you	checked line 14b	, fill out Form 12	2A-2 and file it with th	is form.

	Parnell		Colvin	
Debtor 1	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States I	Bankruptcy Court for	the: District of Nevada		lacksquare
Case number	21-12012-abl			

Check the appropriate box as directed in lines 40 or 42:	
According to the calculations required by this Statement:	
1. There is no presumption of abuse.	
☐ 2. There is a presumption of abuse. ☐ Check if this is an amended filing	

#### Official Form 122A–2

## **Chapter 7 Means Test Calculation**

04/19

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1	Determine Your Adjusted Income			
1. Cop	y your total current monthly income	Copy line 11 from Offici	al Form 122A-1 here→	\$ <u>1,600.0</u> 0
2. Did	you fill out Column B in Part 1 of Form 122A–1?			
Ø	No. Fill in \$0 for the total on line 3.			
	Yes. Is your spouse filing with you?			
	☐ No. Go to line 3.			
	Yes. Fill in \$0 for the total on line 3.			
3. Adj	ust your current monthly income by subtracting any part of your sp sehold expenses of you or your dependents. Follow these steps:	oouse's income not used	to pay for the	
On reg	line 11, Column B of Form 122A–1, was any amount of the income you ularly used for the household expenses of you or your dependents?	reported for your spouse N	IOT	
<b>Ø</b>	No. Fill in 0 for the total on line 3.			
	Yes. Fill in the information below:			
	State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to support people other than you or your dependents	Fill in the amount you are subtracting from your spouse's income		
		\$		
		\$		
eder , in a city or playing plants or ,		+ \$		
CONTROL TORY CANADAMANA	Total	\$	Copy total here	<b>-</b> \$
4. Adj	ust your current monthly income. Subtract the total on line 3 from line	e 1.		\$0.00

Debtor 1	Parnell First Name	vliddle Name Last Name	Colvin	Case r	number (# known) 21-120	12-abl	
Part 2:	•	our Deductions from Your Inc	ome				
answer	the questions in	rvice (IRS) issues National and L lines 6-15. To find the IRS stand on may also be available at the b	ards, go online usi:	ng the link spe	se amounts. Use the cified in the separate	se amounts to instructions for	
actual e	xpenses if they are	unts set out in lines 6-15 regardless e higher than the standards. Do not erating expenses that you subtracte	deduct any amount	s that you subtr	acted from your spous	use some of your se's income in line 3	3
If your e	xpenses differ fro	m month to month, enter the averag	ge expense.				
Whenev	er this part of the	form refers to <i>you</i> , it means both yo	ou and your spouse	if Column B of F	Form 122A–1 is filled i	n.	
		ple used in determining your ded			,	j je je jeljenje je je dir cjenternom en men je som som og 200 de 200 km je	
plu	s the number of a	people who could be claimed as ex ny additional dependents whom yo e in your household.	emptions on your fe u support. This numl	deral income ta ber may be diffe	x return, erent from	3	
Nation	nal Standards	You must use the IRS National S	Standards to answer	the questions i	n lines 6-7.		
6. <b>Fo</b> in t	<b>od, clothing, and</b> the dollar amount	l other items: Using the number of for food, clothing, and other items.	people you entered	in line 5 and the	e IRS National Standa	ards, fill	\$_300.00
fill un	in the dollar amou der 65 and people	th care allowance: Using the numl int for out-of-pocket health care. The who are 65 or older—because old higher than this IRS amount, you r	e number of people er people have a hig	is split into two her IRS allowa	categories—people w nce for health care co	ho are	
Pe	ople who are un	der 65 years of age					
7a.	. Out-of-pocket h	nealth care allowance per person	\$0.00				
7b.	. Number of peo	ple who are under 65	x4				
7c.	. Subtotal. Multi	ply line 7a by line 7b.	\$0.00	Copy here	\$0.00		
F	eople who are 6	5 years of age or older					
7d	. Out-of-pocket I	nealth care allowance per person	\$0.00				
7e	. Number of peo	ple who are 65 or older	x0				
<b>7f.</b>	Subtotal. Multi	iply line 7d by line 7e.	\$0.00	Copy here→	+ \$0.00		
79	. Total. Add line	s 7c and 7f			\$0.00	Copy total here	\$0.00
- Chamber							

### Case 21-12012-abl Doc 19 Entered 05/20/21 09:40:16 Page 50 of 56

Debtor 1	Parnell	ADAM- N	Colvi	<u>n</u>	C	Case number	(if known) 21-	12012-at	<u> </u>	
	First Name	Middle Name	Last Name		www.com.com.com.com.com.com.com.com.com.com			den er der gijelijk û gelan distribêt e dinask dokter gerage.	the Walter State of the section of t	gang menung mengang kang melikandi selika-hasandan kilah yili melelukan kilah selikan berangga berangga pengan
Local	Standards	You must use	the IRS Local Standards to ar	swer the c	uestions in	lines 8-15.				
Based	l on informati	on from the IRS	, the U.S. Trustee Program h	as divide	d the IRS Lo	ocal Standa	ard for hou	ısing for		
bankr	uptcy purpos	es into two part	s:							
			e and operating expenses or rent expenses							
			9, use the U.S. Trustee Prog			_				
To fin This c	d the chart, go hart may also l	online using the be available at th	link specified in the separate in e bankruptcy clerk's office.	nstructions	TOF THIS TOFF	1.				
8. <b>H</b> d	ousing and uti llar amount list	lities – Insuranc ed for your count	e and operating expenses: y for insurance and operating	Using the r expenses.	number of pe	eople you e	ntered in lir	ne 5, fill in th	ne \$	0.00
9. <b>H</b> d	ousing and uti	ilities – Mortgag	e or rent expenses:							
9a	a. Using the nur for your coun	mber of people you	ou entered in line 5, fill in the corrent expenses	Iollar amou	ınt listed		<u>\$2,</u>	600.00		
91	. Total average	e monthly payme	nt for all mortgages and other	debts secu	ired by your	home.				
	contractually	the total average due to each sect Then divide by 60	monthly payment, add all amured creditor in the 60 months	ounts that a after you f	are ile for					
	Name of the	creditor		Averaç payme	ge monthly ent					
		,		\$						
				\$						
				<u> </u>						
				+ \$						
		Total	average monthly payment	\$	0.00	Copy here	-\$	0.00	Repeat this amount on line 33a.	
90	Net mortga	ge or rent expens	se.				Professional Contraction of the			
	Subtract lin	e 9b ( <i>total avera</i> d	ge monthly payment) from line t is less than \$0, enter \$0	9a (mortg	age or		\$	proposition and the Salar Sala	Copy here→	
10. <b>if</b>	you claim tha	t the U.S. Truste	ee Program's division of the	IRS Local	Standard f	or housing	j is incorre	ect and affe	ects \$	
		•	expenses, fill in any addition							
	xplain hy:									
11 1	oal transport	ation evnences:	Check the number of vehicles	s for which	vou claim a	n ownershii	o or operati	ina expense	<del>)</del> .	
			Official transport of volucies	, 101 11111011	,			0 .		
	_									
	2 or more.	Go to line 12.								
12. <b>V</b>	ehicle operati	on expense: Usi	ng the IRS Local Standards a erating Costs that apply for yo	nd the num	nber of vehic region or m	les for which etropolitan	ch you clair statistical a	n the irea.	\$	0.00
U	oramia evhem	555, nn ni ni ni 0 Op	stand agott the abbit to to	2311240		,			Φ	0.00

or lease expense is on the vehicle.
0.00 Repeat this amount on line 33b.
Copy net
Wahiala 1
Vehicle 1 expense here \$
expense _
Repeat this amount on line 33c.  Copy net Vehicle 2 expense
expense here \$  O Repeat this amount on line 33c.  Copy net Vehicle 2

Debtor 1			Colvin	Case number (if known) 21-12012-abl	
	First Name Middle Nam	ne Last Name			
Otl	ner Necessary Expenses	In addition to the expe the following IRS cate		bove, you are allowed your monthly expenses for	
16.	employment taxes, Social S	Security taxes, and Medic er. if vou expect to recei	care taxes. You may inc ve a tax refund, you mu	e and local taxes, such as income taxes, self- clude the monthly amount withheld from your st divide the expected refund by 12 and or taxes.	\$0.00
	Do not include real estate,	sales, or use taxes.			
17.	Involuntary deductions: Tunion dues, and uniform co		deductions that your job	o requires, such as retirement contributions,	s 0.00
	Do not include amounts that	it are not required by yοι	ır job, such as voluntary	/ 401(k) contributions or payroll savings.	<b>\$</b>
18.	together include navments	that you make for your s	spouse's term life insura	n life insurance. If two married people are filing ance. Do not include premiums for life or any form of life insurance other than term.	\$0.00
19	agency, such as spousal or	r child support payments	•	ort. You will list these obligations in line 35.	\$ <u>100.00</u>
	Do not include payments o	n past due obligations to	spousar or critic suppo	The Four Will Hot Wildes Congacione in the Con-	
20	. Education: The total mont		for education that is eit	her required:	
	as a condition for your jo			and the state of t	\$ 0.00
	for your physically or me	ntally challenged depend	dent child if no public ed	ducation is available for similar services.	· ·
21	. Childcare: The total month	nly amount that you pay	for childcare, such as b	abysitting, daycare, nursery, and preschool.	s 0.00
	Do not include payments for				\$ <u>0.0</u> 0
22	. Additional health care ex is required for the health at health savings account. In Payments for health insura	nd welfare of you or your clude only the amount th	r dependents and that is at is more than the total	othly amount that you pay for health care that is not reimbursed by insurance or paid by a lentered in line 7. only in line 25.	\$0.00
23	you and your dependents, service, to the extent nece is not reimbursed by your	such as pagers, call wai ssary for your health and employer.	ting, caller identification I welfare or that of your	that you pay for telecommunication services for special long distance, or business cell phone dependents or for the production of income, if it	+ \$0.00
Approved to Applications of the Control of the Cont	Do not include payments for expenses, such as those re	or basic home telephone eported on line 5 of Offic	, internet and cell phonical Form 122A-1, or any	e service. Do not include self-employment y amount you previously deducted.	
24	. Add all of the expenses a				\$3,000.00
- 44	Add lines 6 through 23.		•		<b>Y</b>
Managhado esta magali militaria katalan a veganja atau da					

nage 5

Debtor 1	Parnell First Name Middle Name	Last Name	Colvin	Case number (#known) 21-12012-abl	
Ado	litional Expense Deductions		onal deductions allowed b lude any expense allowan		
i	Health insurance, disability in insurance, disability insurance, a dependents.	surance, and heal and health savings	th savings account expe accounts that are reasona	nses. The monthly expenses for health bly necessary for yourself, your spouse, or your	
	Health insurance		\$0.00		
	Disability insurance		\$ 0.00		
	Health savings account		+ \$ 0.00		
	Total		\$0.00	Copy total here→	. \$0.00
	Do you actually spend this total	amount?			
	☐ No. How much do you actua☐ Yes		\$		
	continue to pay for the reasonal	ole and necessary on nediate family who	are and support of an elde o is unable to pay for such	The actual monthly expenses that you will orly, chronically ill, or disabled member of your expenses. These expenses may include ).	\$300.00
	Protection against family vio you and your family under the F By law, the court must keep the	amily Violence Pre	vention and Services Act o	penses that you incur to maintain the safety of or other federal laws that apply.	\$0.00
	If you believe that you have hon 8, then fill in the excess amount	ne energy costs that of home energy co documentation of	it are more than the home sts.	our insurance and operating expenses on line 8.  energy costs included in expenses on line  you must show that the additional amount	\$0.00
	per child) that you pay for your or elementary or secondary schoo You must give your case trusted reasonable and necessary and	dependent children I. e documentation of not already accoun	who are younger than 18 your actual expenses, and ted for in lines 6-23.	The monthly expenses (not more than \$170.83* years old to attend a private or public d you must explain why the amount claimed is egun on or after the date of adjustment.	\$0.00
	. Additional food and clothing than the combined food and clo food and clothing allowances in	expense. The more thing allowances in the IRS National Skimum additional alle available at the b	nthly amount by which you the IRS National Standar tandards. lowance, go online using t ankruptcy clerk's office.	r actual food and clothing expenses are higher ds. That amount cannot be more than 5% of the he link specified in the separate instructions for	\$0.00
31	. <b>Continuing charitable contr</b> instruments to a religious or ch	i <b>butions.</b> The amo	unt that you will continue t n. 26 U.S.C. § 170(c)(1)-(2	o contribute in the form of cash or financial ).	+ \$0.0
	. Add all of the additional exp Add lines 25 through 31.	ense deductions.			\$0.0

Debtor 1	Parnell First Name	Middle Name	Last Name	Colvi	n_	Case nu	mber (if known)_	21-12012	-abl	
Deduc	ctions for Debt	Payment								
33. For	r debts that are	e secured by an i secured debt, fill	interest in pro in lines 33a t	perty that yo hrough 33e.	ou own, inclu	iding home mo	rtgages, vel	hicle		
To cre	calculate the to editor in the 60 r	otal average month months after you f	nly payment, a ile for bankrup	dd all amount tcy. Then divid	s that are cor de by 60.	ntractually due to	each secur	ed		
	B# - u4						Average r payment	nonthly		
22		s on your home: b here				→	\$	0.00		
00										
		your first two veh					æ	0.00		
33		3b here					Ψ			
33	3c. Copy line 1	3e here				<b>→</b>	\$	0		
33	3d. List other s	ecured debts:								
	Name of e secured d	each creditor for oth lebt		entify property ecures the debi		Does payment include taxes or insurance?				
			-			☐ No ☐ Yes	\$			
	A management of the second of		-			☐ No ☐ Yes	\$			
						☐ No ☐ Yes	+ \$			
33e	e. Total average	monthly payment	. Add lines 33	a through 33d			**************************************		Copy total here	\$
34. <b>A</b> r	e any debts the	at you listed in li y necessary for y	ne 33 secure our support	d by your prin or the suppo	mary resider rt of your de	ice, a vehicle, pendents?				
V	No. Go to lin	e 35.								
	Yes. State an listed in	y amount that you line 33, to keep po vide by 60 and fill i	ssession of yo	our property (d	ddition to the called the <i>cur</i>	payments e amount).				
	Name of	f the creditor	Identify pro		Total cure amount		Monthly amount			
					\$	÷ 60 =	\$			
					\$	<u>+</u> 60 =	\$			
					\$	÷ 60 =	+ \$			
						Total	\$		Copy total	\$
35. <b>D</b> e	o you owe any	priority claims see as of the filing	uch as a prio	rity tax, child cankruptev ca	l support, or ase? 11 U.S.	alimony – C. § 507.				
	No. Go to lin		<b>,</b>	12		ū				
	Yes, Fill in the ongoing	e total amount of a priority claims, su	ch as those yo	ou listed in line	e 19.					
	Total ar	mount of all past-d	ue priority clai	ms	••••••		\$	0.00	÷ 60 =	\$

Debtor '	ı Parnell			Colvin	Case num	nber (# know	<sub>m)</sub> 21-1201	12-abl	
	First Name	Middle Name	Last Name						
36.	For more info	rmation, go online us	der Chapter 13? 11 U ing the link for <i>Bankrup</i> cy <i>Basics</i> may also be	S.C. § 109(e). tcy Basics specified in t available at the bankrup	he separate	office.			
	☐ No. Go to								
	☐ Yes. Fill in t	the following informa	tion.						
	Proje	cted monthly plan pa	yment if you were filing	under Chapter 13		\$		-	
	Admi North	nistrative Office of th	district as stated on the e United States Courts Executive Office for Uni	list issued by the (for districts in Alabama ted States Trustees (for	and all	x			
	link s	nd a list of district mu pecified in the separa able at the bankrupto	ate instructions for this t	ur district, go online usir form. This list may also l	ng the be		and the control of th	0	
	Avera	age monthly administ	rative expense if you w	ere filing under Chapter	13	\$	arran arran a lare de des la Milliana de M	Copy total	\$
37.	Add all of the Add lines 33e t	deductions for deb hrough 36	t payment.						\$
То	tal Deductions	from Income							
38.	Add all of the	allowed deductions	•						
,	Copy line 24, <i>Al</i> expense allowa	ll of the expenses all nces	owed under IRS	\$					
	Copy line 32, A	ll of the additional ex	pense deductions	\$					
	Copy line 37, A	ll of the deductions fo	or debt payment	+\$	e alla esta de la compansa de la com				
			Total deductions	\$	Сор	y total he	re		\$
Pa	rt 3: Dete	rmine Whether T	nere Is a Presumpt	ion of Abuse					
39.	Calculate mor	nthly disposable inc	come for 60 months						
	39a. Copy lin	e 4, adjusted current	monthly income	\$0.00					
	39b. Copy lin	e 38, Total deduction	98	- \$					
	•	disposable income. line 39b from line 39	11 U.S.C. § 707(b)(2). 9a.	\$	Cop here		\$		
	For the	next 60 months (5 ye	ears)	<ul> <li>— 400 m Transfer (200 M transfer of the section of th</li></ul>	N-FARINGS-TO-BIN-F		x 60	PATRICAL CONTRACTOR CONTRACTOR	
	39d. Total. M	lultiply line 39c by 60	•				\$	Copy here→	\$
								overance en anivorement	
40.	Find out whet	her there is a presu	mption of abuse. Che	ck the box that applies:					
	The line 39 Part 5.	9d is less than \$8,1	75*. On the top of page	1 of this form, check bo	x 1, There i	s no pre	sumption of	abuse. Go to	
			<b>,650*.</b> On the top of pa pecial circumstances. T	ge 1 of this form, check hen go to Part 5.	box 2, Ther	e is a pro	esumption o	<i>f abuse.</i> You	
	☐ The line 3	9d is at least \$8,175	*, but not more than \$	13,650*. Go to line 41.					
	* Subject	to adjustment on 4/0	1/22, and every 3 years	after that for cases filed	d on or after	the date	of adjustme	ent.	

### Case 21-12012-abl Doc 19 Entered 05/20/21 09:40:16 Page 56 of 56

Debtor 1	Parnell	Colvi	n Case num	<sub>f known)_</sub> 21-12012-abl				
	First Name Middle	Name Last Name						
ar any arrangement with a little in the litt								
41. 41	a. Fill in the amount	of your total nonpriority unsecured on ssets and Liabilities and Certain Statist	ebt. If you filled out A		ļ			
	(Official Form 106S	um), you may refer to line 3b on that for	m					
				x .25				
				The state of the s				
41		nonpriority unsecured debt. 11 U.S.C		\$\$				
	Multiply line 41a by	0.25						
42. De	termine whether the	income you have left over after subt f your unsecured, nonpriority debt.	acting all allowed deduction	s				
	enough to pay 23% oneck the box that applie							
П	l ine 39d is less that	n line 41b. On the top of page 1 of this	form, check box 1, There is no	presumption of abuse.				
_	Go to Part 5.	Time Tipe on the top of page 1 and and						
П	Line 20d in equal to	or more than line 41b. On the top of p	age 1 of this form, check box	2. There is a presumption				
<b>-</b>	of abuse. You may fil	I out Part 4 if you claim special circums	tances. Then go to Part 5.	<u> </u>				
	<u></u>							
Part 4:	Give Details At	oout Special Circumstances						
43 Do vo	u have any special ci	roumstances that justify additional e	xpenses or adjustments of o	current monthly income for which there is no				
reaso	onable alternative? 11	U.S.C. § 707(b)(2)(B).		·				
Пм	o. Go to Part 5.							
		information. All figures should reflect yo	ur average monthly expense of	or income adjustment				
	for each item. You	may include expenses you listed in line	25.					
. The second sec	You must give a de adjustments necess	tailed explanation of the special circum sary and reasonable. You must also giv	stances that make the expense e your case trustee document	es or income ation of your actual				
Direction of	expenses or income		•					
O. C. C. C. C. C. C. C. C. C. C. C. C. C.	Of a support of second			Average monthly expense				
are and a second	Give a detailed expl	lanation of the special circumstances		or income adjustment				
				\$				
				¢				
				Φ				
				\$				
				•				
or paragraph (p V-				<b>\$</b>				
Part 5:	Sign Below							
	By signing here, I d	eclare under penalty of perjury that the	information on this statement	and in any attachments is true and correct.				
es author Ar . Of			4.0					
L Application 100	X/X/		_					
* The state of the	Signature of Debte	orcive	Signature of Debt	tor 2				
	Date 05/17/20	021	Date					
	MM / DD	/ YYYY	MM / DD	TYYYY				